



## Request to Change Associated Partner for Infusion Business Software

To: Infusion Business Software Limited  
PO Box 8197  
Riccarton  
Christchurch  
Email to  
[registrations@infusionsoftware.co.nz](mailto:registrations@infusionsoftware.co.nz)

From:

Company Name \_\_\_\_\_  
Infusion Account# \_\_\_\_\_  
Address \_\_\_\_\_  
Your Name \_\_\_\_\_  
Your Phone \_\_\_\_\_

We hereby wish to change our Associated Partner for our Infusion Software

from: \_\_\_\_\_ to \_\_\_\_\_

### Reason for Change:

Quality of support	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Charges	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Comments

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On receipt of your signed request Infusion will update the records and all further support and upgrades will be provided by the new Associated Partner.

Signed: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name \_\_\_\_\_

