



PaperCut support renewal transition acknowledgement

I, _____, at _____ am authorized
YOUR NAME ORGANIZATION NAME
to determine the support partner for PaperCutMF product and services.

We acknowledge the support for PaperCut products and services will switch from the incumbent reseller to Sharp Business Systems for license CRN C-LSFNDK once the order is placed and fulfilled by the new reseller.
RESELLER NAME CUSTOMER NUMBER

Sharp Business Systems will be responsible for the:
RESELLER NAME

1. Maintenance and support of our PaperCut Software license and/or
2. Add-ons and renewals to our PaperCut Software license

By executing this document, PaperCut will process the order based on receipt of the confirmation.

If we have any questions or concerns, we will contact our PaperCut Service Provider.

Date:

Organization name: Transylvania County Schools

Customer signature:

Job title: