

Customer Reference Program | Participation Form



Please complete this form and fax it to
ATTN: Tracy Strauss at 949.753.0930 or send an email to tracy.strauss@sage.com

Your Company Information:

Account Number: _____

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

YES, I would like to participate in the Sage Customer Reference Program. I understand that my company name may be provided to other businesses that are considering using Sage products. As such, these businesses may periodically contact me with questions. I understand that participation in this program is optional, and I may decide at any time to no longer participate simply by contacting Tracy Strauss at 949-450-3870 or tracy.strauss@sage.com.

Signature: _____ Date: _____

