

# SAGE<sup>®</sup> SUPPLIER ADVANTAGE APPLICATION

## COMPANY INFORMATION

COMPANY \_\_\_\_\_  
ACCOUNT CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_  
WEB ADDRESS \_\_\_\_\_

## MEMBERSHIP SELECTION

							<u>Price</u>	<u>Amount</u>
<b>SAGE Supplier Advantage Membership</b>							<b>\$350</b>	<b>\$350.00</b>
<small>Includes 5 Supplier Center licenses</small>								
<b>Additional Supplier Center Users</b>	<u>1-4</u>	<u>5-9</u>	<u>10-24</u>	<u>25-49</u>	<u>50-99</u>	<u>100+</u>	X _____	= _____
<small>Licenses for in-office additional users</small>	\$195	\$165	\$155	\$145	\$135	\$125	Quantity	

## PAYMENT OPTIONS

Sub Total Due Now \$ \_\_\_\_\_

*Please make checks payable to Quick Technologies.*

TAX (Texas subscribers add 8.25% tax) \$ \_\_\_\_\_

Total Due (all pricing US) \$ \_\_\_\_\_

Check Enclosed

Check Mailed Separately

MC/Visa/Discover/Amex

\_\_\_\_\_  
MC/Visa/Discover/Amex/Check Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature for Credit Card

Credit Card Billing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Printed name on credit card: \_\_\_\_\_

## CUSTOMER AGREEMENT

Please read the SAGE Customer Agreement (rev 5.0) ("Agreement") located at [www.sageworld.com/legal](http://www.sageworld.com/legal). Your signature below indicates your acceptance of the entire Agreement on behalf of the company identified above and your representation that you have the authority to bind such company to the Agreement. If you cannot access or read the Agreement for any reason, please call us before you sign and we will provide you with a copy.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for becoming a SAGE Supplier Advantage Member.**

2508 Highlander Way Ste. 200 • Carrollton, TX 75006 • 800.925.SAGE • FAX 800.905.SAGE  
info@sageworld.com • www.sageworld.com

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### SAGE USE ONLY:

ACCT # \_\_\_\_\_ ARRIV: \_\_\_\_/\_\_\_\_/\_\_\_\_ SALES REP: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_