

# ACCOUNT CHANGE REQUEST (ACR) FORM & REQUIRED DATA

*For additional instructions please visit the VRC (VAR Resource Center) Customer Center > Account Change Request*

The following are required fields that need to be completed for all types of Account Change Requests.

**\*Please note, incomplete forms will result in delays of processing\***

1. Service Request Number
2. Type of Change Request (see list below)
3. Date request is signed
4. Detailed reason for change (with all evidence of name, location or seat transfer request)
5. List all serial numbers to be changed
6. Original Company (end account) information
7. Company Authorized Contact Information and signature by person with authority (i.e. Owner/Officer/Manager depending on the size of the VAR, with authority to approve a change/transfer)

## INDIVIDUAL TYPES OF ACCOUNT CHANGE REQUESTS

In addition to the required fields mentioned above, the following types of change requests require the corresponding fields to be filled out in the ACR form. Please identify the type of request you are submitting and fill in the required fields on the ACR form accordingly.

Type of Change Request	Required Field(s)
<ul style="list-style-type: none"> <li>• Change of Reseller</li> </ul>	<b>Section 9</b> - Current and New Reseller Information <b>Section 10</b> - TSM Name <ul style="list-style-type: none"> <li>• TSM Approval if current on subscription</li> <li>• Change of Reseller Fees required if service is current or has expired 90 days or less</li> </ul>
<ul style="list-style-type: none"> <li>• Change of Location</li> <li>• Change of Account Name</li> <li>• Change of Account Name (within the same country)</li> <li>• Change of Account Name and Seat Transfer (within the same country*)</li> </ul> <p><i>*Seat Transfer Statement must be initialed and evidence provided</i></p>	<b>Section 7</b> - New Customer Information <b>Section 8</b> - Signature of Owner/Officer/Manager (depending on size of company to request and approve change/transfer) <b>Section 9</b> - Current/New Reseller* <b>Section 10</b> - TSM Name  <i>* Change of Reseller Fees and TSM Approval may be required if requesting change of reseller and current VAR can support new location            * Evidence must be a press release, web site or document to support changes</i>
<ul style="list-style-type: none"> <li>• International Seat Transfer (Request to move license to new country)</li> </ul> <p><i>*See License Transfer Policy posted on the VRC under Customer Center&gt;Forms and Documents</i></p>	<b>Section 7</b> - New Customer Information <b>Section 8</b> - Signature of Owner/Officer/Manager (depending on size of company to request and approval change/transfer) <b>Section 9</b> - Current and New Reseller Information <b>Section 10</b> - Current and new TSM Name <ul style="list-style-type: none"> <li>• TSM approval required from both countries</li> <li>• Required quote#/PO for transfer Fees refer to license transfer policy</li> </ul>
<ul style="list-style-type: none"> <li>• Order Entry Error</li> </ul>	<i>If this an order entry error, the person responsible from Customer or VAR will need to complete an ACR form detailing the error made in section 3</i>

# ACCOUNT CHANGE REQUEST (ACR) FORM & REQUIRED DATA

Service Request Number:					
1. Account Change Request Type (select from dropdown)			2. Date		
3. Detailed reason for Account Change Request (please be specific) Please attach corresponding evidence as required to support the reason below					
4. Please enter all serial numbers related to this request					
If you have more than 15 Serial Numbers, please enter them here separated by commas:					
5. Original Customer Information					
Registered Company Name:					
Street Address:					
City:		State:		Zip Code:	
Country:		Phone		Fax	
Website URL					
6. Original Contact Information (please read carefully)					
*AGREEMENT, AUTHORIZATION, AND CERTIFICATION: I, the undersigned, submit and verify that the Account Change Request form and information therein, to the best of my knowledge, are true and correct statements. I understand that knowingly making false or inaccurate statement on this form may result in a rejection of my request. I hereby authorize DASSAULT SYSTÈMES SOLIDWORKS Corporation to verify the information on this form or authorization if necessary.					
Name (please print)					
Job Title					
Signature*					
Direct Phone		Direct Fax		Direct Email	
*For Seat Transfer Requests ONLY: If you are an <u>original licensee</u> requesting a seat transfer, such as to an affiliated company, you certify that all Dassault Systèmes SOLIDWORKS Corp. software listed above has been transferred back to activation and removed from all computers at this company location, including home users. By signing this, you agree that Dassault Systèmes SOLIDWORKS Corporation licenses purchased for one location that have been approved for transfer to a new location.					INITIAL HERE:  _____
*If you are a <u>subsequent licensee</u> requesting a seat transfer, please provide expressive evidence: i. for the origin of the license (i.e. where it has been put on the market), ii that it has been fully paid, and iii that all previous license holders have made any and all of their copies unusable.					
7. New Customer Information					
Registered Company Name:					
Street Address:					
City:		State:		Zip Code:	
Country:		Phone		Fax	
Website URL					
8. New Contact Information					
*AGREEMENT, AUTHORIZATION, AND CERTIFICATION: I, the undersigned, submit and verify that the Account Change Request form and information therein, to the best of my knowledge, are true and correct statements. I understand that knowingly making false or inaccurate statement on this form may result in a rejection of my request. I hereby authorize DASSAULT SYSTÈMES SOLIDWORKS Corporation to verify the information on this form or authorization if necessary.					
Name (please print)					
Job Title					
Signature*					
Direct Phone		Direct Fax		Direct Email	
9. Reseller Information					
Current Reseller Name:			New Reseller Name:		
10. Territory Sales Manager (TSM)					
Current TSM:			New TSM:		
*Attention Customers: Please submit completed and signed form to your DASSAULT SYSTÈMES SOLIDWORKS reseller who will submit the form for processing.					
**Attention Dassault Systèmes SOLIDWORKS Resellers: Please ensure that all appropriate fields have been completed and supporting documentation. Please create a service request with the completed form and other documentation attached for approvals and processing. Incomplete forms and documentation will result in delays and processing.					