***Please Copy Below Form onto Customer Letterhead***

**ShoreTel Change of Partner Request**

Date: Click here to enter date

Company Name: Click here to enter company name

Contact Name: Click here to enter contact name

Phone#: Click here to enter number

Email: Click here to enter email

ShoreTel Inc,

Please change my ShoreTel Partner of Record:

**FROM:** Enter current partner name here

**TO:** Enter preferred partner name here

**Reason for request:** Enter reason for request here

In submitting a ShoreTel Change of Partner Request, I understand and agree to the following:

* My previous partner will be notified by ShoreTel of my change of partner request.
* The Change of Partner request can take **up to** two weekstoprocess from receipt by ShoreTel of complete and accurate form*.*

Authorized Customer Contact Signature: Date: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**Printed name:** Click here to type name

**Title:** Click here to enter title

*Please submit completed document on customer letterhead to* ***shorecareadmin@shoretel.com*****.**