Change of Cloud Solution Provider

CSP Azure Pay-As-You-Go Subscriptions

By accurately completing and submitting this Change of Cloud Solution Provider (individually, the “CSP Partner”) form to Microsoft, Customer is providing Microsoft with written notification of the change of its CSP Partner. Microsoft will update its records and systems according to the information Customer provides. This change is only applicable to Azure Pay-As-You-Go Subscriptions.

By signing below, Customer represents and agrees that:

* Customer has confirmed that the new CSP Partner is authorized to participate in the Microsoft Cloud Solution Provider Program.
* This form must be sent to Microsoft no later than 10 calendar days after Customer’s signature date. The current CSP Partner must send this to Microsoft by creating a Service Request that includes this form.
* Customer must notify Microsoft and the previous CSP Partner in writing. Customer must notify Microsoft using this form, and no other form of notification will be considered valid. Customer may notify the previous CSP Partner by its own means, but such notification must be on or before the date Customer signs this form.
* All amounts due before the effective date of the change will be paid to the previous CSP Partner. All amounts due on or after the effective date of the change will be paid to the newly appointed CSP Partner.
* Customer is responsible for working out all other arrangements related to this change with both the previous CSP Partner and the newly appointed CSP Partner, and Customer is responsible for ensuring all obligations to the previous CSP Partner are met.
* A delay may occur in recording this change, from receipt of this notice to the date of the change, and Customer agrees to hold Microsoft harmless from any disputes arising out of any payment(s) made, or any credit issued, to an incorrect CSP Partner as a result of this change.

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| **Customer** |
| **Name of Entity \*** |
| **Signature \*** |
| **Printed Name \*** |
| **Printed Title \*** |
| **Signature Date \*** |
| **Contracting Microsoft Affiliate** |
| **Effective Date**  Date received by Microsoft |
| **\* indicates required fields** |

***1. What this change applies to.***

Complete all that apply:

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| --- | --- |
|  | **Subscription GUID** |
| Subscription GUID |  |
| Subscription GUID |  |
| Subscription GUID |  |
| Subscription GUID |  |
| Subscription GUID |  |
| Subscription GUID |  |

###### *2. End-Customer Information*

Identify Customer Information:

**Customer Name\*:**

**End-customer Tenant Name\*:**

###### *3. Current CSP Partner information.*

Identify Customer’s current CSP Partner:

**CSP Partner name\*:**

**CSP Microsoft ID\*:**

**Country/Region\*:**

**Address Line 1\*:**

**Address Line 2:**

**City:**       **State/Province:**       **Zip/Postal code:**

**Email address:**

**Contact name: Last**      **, First**

**Phone:**

**Fax:**

###### *4. New CSP Partner information.*

Identify Customer’s new appointed CSP Partner:

**CSP Partner name\*:**

**CSP Microsoft ID\*:**

**Country/Region\*:**

**Address Line 1\*:**

**Address Line 2:**

**City:**       **State/Province:**       **Zip/Postal code:**

**Email address:**

**Contact name: Last**      **, First**

**Phone:**

**Fax:**

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| The undersigned confirms that the Current CSP Partner information is correct. |
| **Current CSP Partner name\***  **Signature\***  **Printed name\***  **Printed title\***  **Date\*** |

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| --- |
| The undersigned confirms that the New CSP Partner information is correct. |
| **New CSP Partner name\***  **Signature\***  **Printed name\***  **Printed title\***  **Date\*** |