

WERCSmart Account Consolidation Request

Organia	zation Information – Complete all fields:				
Corpo	rate Name:]
Corpo	rate Address:				
Prima	ry Telephone	Primary Fax:			
Corporate Contact		Title:	Title:		
Phone	e for Contact:	Contact Email:	Contact Email:		
Help D	Request Dei desk Ticket Number (Required):	tails			_
		Pleas	se Check One	2	
As the person making this request, what is your current assigned role within the WERCSmart account for your organization?		☐ Administrator	□ User	☐ Neither	
	re additional accounts established within WERCSmart, This is a request to merge the data from the account(s)		-	the primary acc	ount noted
	Account Name	Admir	Administrator Email		
1.					
2.					1
	providing the following required information, as part of ting WERCSmart account. A complete list of WERCSmart Product IDs which have be product registrations that we have acquired as part of the format If any of the WERCSmart registrations were previously supposed the prior Supplier ID number from the prior of Sears Wal-Mart O'Reilly The Home Depot	peen furnished by the perheter that be supplied to any of the re	rior organizat e submitted iı	ion, which detail n either Excel or	the Word
NOTE: \	WERCSmart Subscriptions are not automatically cancell	ed. Please provide an a	answer to the	following:	
UPON C	COMPLETION OF THIS CONSOLIDATION, WILL THERE BE	A WERCSMART SUBSCR	RIPTION CANO	CELLATION NEED	ED?
Signatu	ıre:				
	Authorized Signature Pr	int Name	_	Date	
	Corporate Title				

Requests must be submitted on Corporate Letterhead and if that is not possible, a cover letter on Corporate Letterhead documenting the request must be included.