



Developer Programme Order Form

Where your wish to subscribe to the Sage 50 or Sage 200 Developer programmes, please complete this form in full and return to bpsales@sage.com.

To help us to provide the best possible service, all fields are mandatory.

Developer Program Required:

Please select which of the programme can be found using the links below. Co	es you wish to purchase. Details of what's included in the programme, urrent Pricing is available <u>here</u> .
	200 <u>Developer</u> Programme udes Sage 50)
Your Details:	
Company Name:	
Contact Name:	
Company Address:	
Postcode:	
(Where applicable)	
Company Registration Number:	
Contact number:	
Contact email address:	
Billing contact email address:	
Where you already have a Sage Accou	nt, please provide these details below:
Sage Account number:	
Your company website:	
Web Address:	

Your solution: Please outline what solution you will be developing
Payment Frequency: All payments are made via direct debit, bank details will need to be provided on the later sections of this form.
In all cases contracts are a fixed 12-month contract. Invoices are generated on 1 st of the month, and direct debits are collected on 16 th of the month. Where it is your first month, or year, your first invoice will include your first full billing period value plus a pro-rated value from point of order to the end of that month.
Monthly Annual
Ordering: If you wish to supply a purchase order for this request, please tick the box below and send your PO to BPSales@sage.com ideally along with this form. Please note where you tick this box, your order will not be processed until we receive the purchase order.
We wish to supply a purchase order
Developer Terms: Use of our Developer Services and Tools (including SDO/SDK) is subject to the <u>Developer Services License Agreement</u> . By using the tools and services, you are agreeing to the Developer Services Licence Agreement. Solution development must align with our <u>Developer Acceptable Use Policy</u> .
By ordering this programme, you are agreeing to be bound by of the above, and any other documentation we publish, which will be updated from time to time.
I agree
Name and position:
Signature:
Date:
Any information you share will be used in line with Sage's Privacy Notice, which can be found using the link below:

Ireland - https://www.sage.com/en-ie/legal/privacy-and-cookies/

Sage (Hibernia) Limited,

1 Central Town Leopardstown Dublin D18 NH10 Ireland www.sage.ie



SEPA Direct Debit Mandate



Creditor Name and Address	:	Sage Hibernia Ltd, One Central Park, Leopardstown, Dublin 18																			
Creditor Identifier:				IE46SDD303978																	
Unique Mandate Reference	:													(Offic	ce Use	e Only)]			
By signing this mandate form, you authorise (A) Sage Hibernia Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Sage Hibernia Ltd. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.																					
Please complete all fields marked *																					
Name on Account: *													_								
ebtor Address:												_									
IBAN:*																					
SWIFT BIC: *																					
Type of Payment: *	Recurrent One-off																				
Signature(s): *													_	Date	e: *						
Please return to: Direct Debit Processing Team, Sage Hibernia Ltd, One Central Park, Leopardstown, Dublin 18																					
Additional Information:																					
Sage Account Number:																					
Business Name (If different from name on Account):													-								
Telephone:													-								
E-Mail:													-								