Customer Success Proposal: [insert customer name]

To: [insert CPL name] of [insert customer name]

Date: [insert date]

We thank you for your decision to purchase our products and services and we recognize that your decision to make that purchase was based on the needs of your business to generate value for customers, employees and shareholders. We recognize that if we are to retain you as a customer we must ensure as best we can that your company continues to derive maximum benefit from your investment in our solutions. It is therefore in both our interests for us to provide you with our support for the following post-implementation activities:

Onboarding Getting you initially started with your new products and services)

Adoption Providing the communication, training, process changes and support needed to start using our solution to generate value for your business)

Value creation Ensuring that value is being generated from the utilization of our solution and that it continues to be generated on into the future.

Reporting Providing measurement and reporting of levels of value generation in order to show progress in your journey towards attainment of your company’s business outcome requirements

As part of this service your company has been assigned a dedicated Customer Success Manager, who will work with you as follows:

Onboarding

[insert information regarding how you have agreed to assist the customer with their onboarding requirements here]

Adoption

[Insert information regarding how you have agreed to assist the customer with their onboarding requirements here]

Value Creation

[Insert information regarding how you have agreed to assist the customer with their onboarding requirements here]

Reporting

[insert information regarding how you have agreed to assist the customer with their onboarding requirements here]

Our Customer Success Manager’s details are: Your Senior Project Lead’s details are:

Name: [insert CSM name] Name: [insert SPL name]

Email: [insert CSM email address] Email: [insert SPL email address]

Mob: [insert CSM mobile phone number] Mob: [insert SPL mobile phone number]

Work: [insert CSM office phone number] Work: [insert SPL office phone number]

Name: [insert CSM name] Name: [insert SPL name]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [insert the date] Date: [insert the date]