

**COMPUTER ASSOCIATES OPEN LICENSE PROGRAM**

<b>SECTION A1: CUSTOMER INFORMATION (HEADQUARTERS OFFICE)</b>		
Company Name:	First Name:	Distributor PO #:
Address:	Last Name:	Reseller PO #:
	<b>Contact Email (required):</b>	End User PO #:
City/State:	Contact Phone #:	License Certificate # (if reorder):
Country: ITALY	Contact Fax #:	Order Date:
<b>Check Where Applicable:</b> Initial Order		Academic Institution
Reorder		Address Change

<b>SECTION B: ORDER INFORMATION</b>						
SKU'	Product/Upgrade Protection <sup>2</sup> Description	Quantity	Unit Price (MSRP)	Total Price (MSRP)	Unit Point Value	Total Point Value
<b>Subtotal:</b>						
<b>Total:</b>						
<b>Bonus Points:</b>						

**Note: An online copy of this form (PDF) is available at [www.ca.com/lice](http://www.ca.com/lice)**

Note<sup>1</sup>: SKUs should all end with the same suffix based on purchase level -- C

Note<sup>2</sup>: Upgrade Protection for a product must be ordered in the same quantity as the product.

<b>SECTION C: RESELLER INFORMATION</b>		
Company Name:	Contact Name:	
Address:	Contact Email:	
	Contact Phone #:	
City/State:	Contact Fax #:	
Country: ITALY		

<b>SECTION D: DISTRIBUTOR INFORMATION</b>		
Company Name:	Contact Name:	
Address:	Contact Email:	
	Contact Phone #:	
City/State:	Contact Fax #:	
Country:		

<b>SECTION E: SHIPPING INFORMATION</b>		
All orders must be shipped to a street address. Please indicate below where you would like the order shipped.		
END USER	RESELLER	DISTRIBUTOR

OLP Requirement	Purchase (in points)
<b>Initial Order</b>	<b>40</b>

Solution Areas	Services
Desktop/Server Management	Education Services
Enterprise Modeling	Technical Support
Information Management	Upgrade Protection
Network Management	
Security Management	
Storage Management	