

License order Form

END-USER INFORMATION

Company Name: _____ Date: _____
 Contact Name: _____ Purchase Order: _____
 Address: _____ Telephone: _____
 _____ Fax: _____
 _____ E-Mail: _____
 Postal Code: _____ CCL/CLL contract number (if applicable) _____

ORDER INFORMATION

Part Number	Product Description	Platform	Currency	Quantity

RESELLER INFORMATION

Reseller: _____ Address: _____
 Contact Name: _____
 Purchase Order: _____ Postal Code: _____
 Account Number: _____ Fax: _____
 Telephone: _____ E-Mail: _____

DISTRIBUTOR INFORMATION

Distributor: _____ Contact Name: _____
 Purchase Order: _____ Address: _____
 Telephone: _____
 Fax: _____ Postal Code: _____
 Account Number: _____ E-Mail: _____

Send Certificate to: Distributor Reseller _____ Enduser _____
Please fill out ALL the information as requested in the appropriate boxes.