

Client / Account # \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

**Payment Method\*:**

There is a mandatory \$150.00 + tax administration fee for all Dentrix and Easy Dental license transfers. In order to continuously safeguard all sensitive customer payment information please list a contact name and phone number we can contact to obtain credit card or ACH payment for the fee. This must be collected and charged before the license transfer can begin. The above administration fee will be used for the purpose of the transfer only.

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**Product(s) Being Transferred:** If the seller has multiple Dentrix or Easy Dental software licenses they must upgrade one of their licenses from a site license to a main license through our Sales team before the license transfer process can begin.

Easy Dental  Dentrix

As the seller I acknowledge that I:  Do  Do Not have additional software licenses.

If applicable, please list additional account numbers \_\_\_\_\_

**Seller's Agreement**

I certify that the software product has been removed from any computer which was not included in the sale of the office. I certify that all printed and tangible product and materials have been left in the possession of the purchaser. I furthermore certify that neither the application nor supporting materials have been copied and kept in any form including, but not limited to, both printed and digital forms. I hereby relinquish all control and ownership of the license to the partner(s) listed in the following section. I further certify that I am the current licensee, or I am the authorized representative of the current licensee, of the software product(s) listed above and I have full authority to sign this legally binding agreement to transfer the license to such software product(s) to the partner(s) named below.

I have read and fully understand the important instruction document. (This box must be checked to begin the license transfer process).

Full Original Owner's Printed Name(s) (No initials please) \_\_\_\_\_ Field Degree (DDS, DMD, etc.) \_\_\_\_\_ Occupation \_\_\_\_\_

Original Owner's Signature(s) (no initials please) \_\_\_\_\_ Date \_\_\_\_\_

Practice Name (if applicable) \_\_\_\_\_ County \_\_\_\_\_

**Purchaser's Agreement**

By opening any sealed software package or using any software from HSPS, you agree that you have read, understand, and accept the provisions in the Software End User License Agreement (EULA), a copy of which is attached for your reference.

I have read and fully understand the important instruction document. (This box must be checked to begin the license transfer process).

Purchaser's Printed Name(s) (No initials please) \_\_\_\_\_ Field Degree (DDS, DMD, etc.) \_\_\_\_\_ Occupation \_\_\_\_\_

Purchaser's Signature (s) (no initials please) \_\_\_\_\_ Date \_\_\_\_\_

Practice Name (if applicable) \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ email \_\_\_\_\_