

License Ownership Transfer Agreement

Client / Account # _____

Office Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ email _____

Payment Method*: ☐ Check Attached **Credit Card:** ☐ MasterCard ☐ Visa ☐ American Express ☐ Other: _____

Credit Card # _____ Name on Card _____ Expiration Date _____

*There is a mandatory \$150.00 administration fee for all Dentrrix and Easy Dental license transfers. This will be collected and charged before the license transfer is completed. The above requested financial information will be used for the purpose of the transfer only.

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

☐ Easy Dental ☐ Dentrrix

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.

Full Original Owner's Printed Name(s) (No initials please) _____ Field Degree (DDS, DMDM, 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) and the Terms and Conditions, a copy of which is attached for your reference.

Purchaser's Printed Name(s) (No initials please) _____ Field Degree (DDS, DMDM, 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 _____

PLEASE FILL OUT FORM COMPLETELY. ANY MISSING INFORMATION WILL RESULT IN YOUR REQUEST BEING DELAYED