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X-FORMATION ORDER FORM

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To order an X-Formation product, fill out and sign this form, then scan and email it to [sales@x-formation.com](mailto:sales@x-formation.com), or fax it to +1 650 521 5859. Please contact us for pricing information.

| Company Data             |   |                          |  |
|--------------------------|---|--------------------------|--|
| Company Name             |   |                          |  |
| Address                  |   |                          |  |
| ZIP/Postal Code          |   | City                     |  |
| Country                  |   | VAT (for EU)             |  |
| Direct Phone             |   | Company Phone            |  |
| Email (technical issues) |   | Email (financial issues) |  |
| Fax                      |   |                          |  |
| Currency                 | (choose preferred from EUR, USD, GBP, DKK): EUR |                          |  |

**Remarks:**

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## LM-X License Manager

|   |                          |                      |
|---|--------------------------|----------------------|
| Subscription License  | <input type="checkbox"/> |                      |
| Perpetual License   | <input type="checkbox"/> |                      |
| Node-Locked only<br><small>(limited to creating node-locked licenses only)</small>  | <input type="checkbox"/> |                      |
| Specify platform(s) for example:<br>Win32, Win64, Linux_x86, Linux_x64,<br>MacOSX, Solaris_x86, Solaris_x64,<br>Solaris_sparc |                          | <input type="text"/> |
| 3-month commercial license  | <input type="checkbox"/> |                      |

## USB Dongles purchase

|        |                      |
|--------|----------------------|
| Count: | <input type="text"/> |
|--------|----------------------|

## Escrow (available with LM-X perpetual license only)

|               |                          |
|---------------|--------------------------|
| Initial setup | <input type="checkbox"/> |
| Maintenance   | <input type="checkbox"/> |

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X-FORMATION ORDER FORM

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**Consulting**

Regarding:

Details:

**Other**

Please specify:

By signing below, you authorize X-Formation to process your order as indicated in this form.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

Thank you for your order. We will process it in a timely manner (within 24 hours on normal business days) and notify you when your software is ready for download.

## COMPANY INFORMATION QUESTIONNAIRE

The following questionnaire must be completed for initial purchase of LM-X and for maintenance renewals.

I, \_\_\_\_\_, hereby confirm that the following is true:

1. Name of company: \_\_\_\_\_ (hereinafter referred to as *the company*)

2. Year established: \_\_\_\_\_

3. Primary business: \_\_\_\_\_

4. Total number of people within the company for the past 3 years:

| <b>Company size (number of people)</b> | year _____ | year _____ | year _____ |
|--|------------|------------|------------|
| Departments:                           |            |            |            |
| 1. Sales & Marketing                   | _____      | _____      | _____      |
| 2. Research & Development              | _____      | _____      | _____      |
| 3. General & Administrative            | _____      | _____      | _____      |
| 4. Other: _____                        | _____      | _____      | _____      |
| <b>Total</b>                           | _____      | _____      | _____      |

By signing below, I state that I am authorized by the company to complete this form, and I agree to provide documentation of the company's size upon X-Formation's request.

|                      |  |                |
|----------------------|--|----------------|
| _____                | _____  | ____/____/____ |
| Authorized signature | Title<br>(E.g., Product Manager,<br>CFO, VP, etc.) | Date           |