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X-FORMATION ORDER FORM

To order an X-Formation product, fill out and sign this form, then scan and email it to sales@x-formation.com, or fax it to +45 86242464. 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:

LM-X License Manager

<input type="checkbox"/>	Subscription License	<input type="checkbox"/>
<input type="checkbox"/>	Perpetual License	<input type="checkbox"/>
<input type="checkbox"/>	Node-Locked <small>(limited to creating node-locked licenses only)</small>	<input type="checkbox"/>
<input type="checkbox"/>	Start-up company <small>(Special start-up company discount)</small>	<input type="checkbox"/>
	Specify platform(s) for example: Win32, Win64, Linux_x86, Linux_x64, MacOSX, Solaris_x86, Solaris_x64, Solaris_sparc	<input type="text"/>

License Distribution Service subscription

<input type="text"/>	Number of license orders:	<input type="text"/>
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USB Dongles purchase

<input type="text"/>	Count:	<input type="text"/>
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Escrow (available with LM-X perpetual license only)

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

X-FORMATION ORDER FORM

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.

CONFIRMATION OF ANNUAL SALES REVENUE

The following sales revenue statement 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. Number of employees: _____

4. Primary business: _____

5. Total annual sales revenue for the past 3 years: _____ in _____ (year)

_____ in _____ (year)

_____ in _____ (year)

6. Sales revenue only from products for the last year (*if different from above*): _____

7. Products sold (*names*): _____

8. Products that will be or currently are protected by LM-X: _____

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 sales revenue upon X-Formation's request.

Authorized signature

Title
(E.g., Product Manager,
CFO, VP, etc.)

_____/_____/_____

Date