ORDER FORM

To order an X-Formation product, fill out and sign this form, then scan and email it to sales@x-formation.com. Please contact us for pricing information.

Company Data

Company Name: ______________________
Address: ____________________________
ZIP/Postal Code: ________________
Country: ___________________________
Direct Phone: ________________________
Email: ____________________________
   (technical issues)
Currency: __________________________
   (choose from EUR, USD, DKK)
City: _____________________________
VAT (for EU): ______________________
Company Phone: ____________________
Email: ____________________________
   (financial issues)

Notes

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LM-X LICENSE MANAGER

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License terms

Subscription License: ..........................  or  Perpetual License: ..........................

License model

Node-locked: ..........................  Node-locked + floating: ..........................
(limited to creating node-locked licenses only)

Specify platforms: ..........................
For example: Win32, Win64, Linux_x86, Linux_x64, MacOSX

Signature

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

________________________________________________________________________
Date  Printed Name  Signature

☐ By signing this form I consent to X-Formation collecting and storing my data from this form for the purposes described in the following documents:

Privacy Statement - www.x-formation.com/company/privacy-statement/
Terms of Service - www.x-formation.com/company/terms-of-service/
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:

<table>
<thead>
<tr>
<th>Departments:</th>
<th>Company size (number of people)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>year._________</td>
</tr>
<tr>
<td>1. Sales &amp; Marketing:</td>
<td>___________________</td>
</tr>
<tr>
<td>2. Research &amp; Development:</td>
<td>___________________</td>
</tr>
<tr>
<td>3. General &amp; Administration:</td>
<td>___________________</td>
</tr>
<tr>
<td>4. Other:</td>
<td>___________________</td>
</tr>
<tr>
<td>Total:</td>
<td>___________________</td>
</tr>
</tbody>
</table>

Signature

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.

___________________________  ___________________________  ___________________________
Date                         Title                          Authorized Signature