

**License Ownership
Transfer Agreement**

Client / Account ID#: _____

Office Address _____ City / State / Zip _____

Phone / Fax / Email (Please include all if available) _____

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

Payment Method:

Check Attached

Credit Card: MasterCard Visa American Express Other _____

Credit Card # _____ Name on Card _____ Expiration Date _____

Product(s) Being Transferred:

Dentrix Easy Dental

Other: _____

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 purchaser 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 purchaser named below.

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) 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, DMD, etc) Occupation

Purchaser's Signature(s) (No initials please) Date

Practice Name (if applicable) _____

Office Address _____ City / State / Zip _____

Phone / Fax / email (Please include all if available) County

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