

# Software License Ownership Transfer Agreement

## Current Customer Information

Original Customer Name: \_\_\_\_\_ Customer ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal /ZIP: \_\_\_\_\_

Effective date of License Ownership Transfer: \_\_\_\_\_

## Seller's Agreement

I agree that I am the current owner of the ABELDent software license, and I have full authority to sign this legally binding agreement to transfer the license to the purchaser named in this agreement. I agree that the ABELDent software product has been removed from any computer which was not included in the sale of the office. I agree that all product CD-ROMs and printed materials have been left in the possession of the purchaser. I furthermore agree 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 ABELDent license to the purchaser listed in this agreement.

\_\_\_\_\_  
Full Original Owner's Printed Name\_\_\_\_\_  
Original Owner's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Practice Name

## Purchaser's Agreement

I agree that I have read and understood the ABELDent Software License Agreement and Terms & Conditions. I understand that ABELDent makes no other warranties whatsoever. I understand that ABELDent is not bound by this Agreement until it is accepted by ABELDent and understand that I am obligated to the terms of this Agreement upon execution of said Agreement by signing below. I also agree to assume all active pre-paid Software Maintenance agreements and Telephone Support plans currently held by the seller. **If there is no Software Maintenance agreement currently in effect, to waive the License Transfer Fee mentioned below, I agree to subscribe to one before the license transfer can be fully completed. I declare that all information provided is complete and accurate.**

\_\_\_\_\_  
Purchaser's Name and Professional Designation (please print)\_\_\_\_\_  
Email Address\_\_\_\_\_  
Purchaser's Full Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Practice Name\_\_\_\_\_  
Office Address\_\_\_\_\_  
City\_\_\_\_\_  
Prov/State\_\_\_\_\_  
Postal /ZIP

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## License Transfer Fee (applicable if no maintenance)

ABELDent requires a \$700 per provider plus tax. License transfer fee payment must be received before the license ownership transfer can be completed. The license transfer fee includes services for server software configuration changes required for the new owner and administrative license transfer processing. Please call to for confidential communication of your credit card information.

ABELDent accepts Visa, MasterCard and Amex (Canada Only). For Privacy and security compliance reasons, please do not fax or email credit card information. Please phone in your credit card information to ABELDent Accounting at 1-800-267-2235 ext. 6. We thank you in advance for your cooperation in this matter.

**Complete all sections of this form and fax or email to Accounting for processing.**