

License Ownership Transfer Agreement

Account # _____

Office Address _____ City _____

Province _____ Postal Code _____ Phone _____ Fax _____ Email _____

****There is a mandatory \$175.00 administration fee for all Dentrix License Transfers. This will be collected and charged before the license transfer is completed. The below requested financial information will be used for this one time purpose only.**

Credit Card # _____ Exp. Date _____ Name on Card _____

Services/Licenses Being Transferred:

- | | | |
|--|---|--|
| <input type="checkbox"/> Dentrix Core Support | <input type="checkbox"/> McAfee Antivirus | <input type="checkbox"/> Ebackup |
| <input type="checkbox"/> Capturelink/Image Support | <input type="checkbox"/> Fileserver Support | <input type="checkbox"/> Workstation Support |

Please Note: If unsure of the services you currently have, please call me directly at 1 (800) 737-5029 Ext 3125

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 products 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.

Original Owner's Printed Name(s)

Original Owner's Signature(s)

Date

Practice Name (if applicable)

Purchaser's Agreement

I certify and accept the licenses (stated above) to be transferred over to my Henry Schein account as the new END USER. I also certify that I have completed/signed and returned the "JDE Customer Application/Change of Information Form to fax #: 905-323-3571. By using any Henry Schein Practice Solutions Inc. software product you agree that you have read, understand and accept the provisions of the Software End User License Agreement and the Terms and Conditions, a copy of which is attached for your reference.

Purchaser's Printed Name(s)

Purchaser's Signature(s)

Date

Practice Name (if applicable)

Office Address

City

Province

Postal Code

Phone Number

Fax

Email

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