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| <click F1 for into> |
| Attn: |

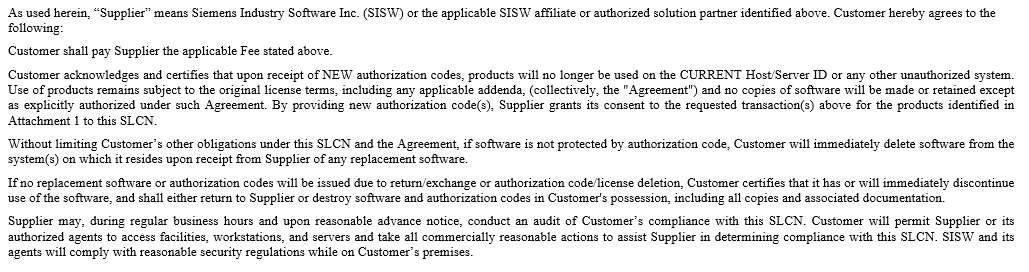
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| Quote No. |  |
| PO No. |  |
| Fee: |  |
| Date: |  |

[Please select the transaction type(s)]

**Software** **Relocation**  **Software Return/Exchange**  **Authorization Code/License Deletion**

***Dear Customer: Please verify and complete any missing information, sign, and send this form back to the Sales Office identified above.***

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| --- | --- | --- | --- | --- | --- |
| Current Site No. |  | New Site No. | <entry required-click F1 for info> | Contact Name: |  |
| Customer Name: |  | Customer Name: |  | E-mail Address: |  |
| Site Address: |  | Site Address: |  | Phone Number: |  |



***By signing, or in the case of electronic submission by typing your name below, an authorized representative of Customer accepts and agrees to the terms of this SLCN:***

**Customer Representative:**       Title:       Date:

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| Quote# |  |
| PO# |  |
| Fee: |  |
| Date: |  |
| New Site No: | <click F1 for info> |
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| **ItemID** | **Part No.** | **Software Description** | **Qty** | **Version** | **CURRENT**  **ServerID** | **CURRENT**  **HostID** | **NEW**  **ServerID** | **NEW**  **HostID** |
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**Comments:**