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| <click F1 for into> |
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| Quote No. |       |
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[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: |   |
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| **ItemID** | **Part No.** | **Software Description** | **Qty** | **Version** | **CURRENT****ServerID** | **CURRENT****HostID** | **NEW****ServerID** | **NEW****HostID** |
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**Comments:**