

ICAM TECHNOLOGIES CORPORATION

AUTHORIZATION CODE REQUEST FORM

ICAM'S FAX NUMBER: (514) 697-8621

CUSTOMER NAME:

SHIPMENT ADDRESS:

INSTALLATION ADDRESS:

CONTACT NAME:

CONTACT NAME:

TITLE:

TITLE:

TEL #:

TEL #:

FAX #:

FAX #:

E-MAIL:

E-MAIL:

RETURN KEY FILE TO:

Name

Title

Phone #

Fax

E-mail

Signature

Please note that key file will not be issued if not signed.

SYSTEM INFORMATION: Please fill in the following information about the system you wish to install the software on.

HARDWARE: _____ **OPERATING SYSTEM:** _____

SYSTEM I.D. NUMBER: _____

(N.B. This number is obtained during the ICAM installation procedure. See ICAM installation for more information.)

DEALER: _____ This area is to be filled out by Dealer.

IF POST PROCESSOR IS DEALER DEVELOPPED, FILL IN POST NAME AND DESCRIPTOR:

POST PROCESSOR NAME: _____ **DESCRIPTOR:** _____

THIS AREA IS FOR ICAM'S INTERNAL USE ONLY

T I 2 3 4 5 6

P 1 2 3

SOFTWARE LICENSE AGREEMENT NUMBER: _____

ICAM SOFTWARE

DEV/RT VERSION#

NUMBER OF USERS

WO NUMBER:

PO NUMBER:

DATE:

INVOICE #:

AUTHORIZED BY: