

License Ownership Transfer Agreement

Transfer from Account # _____ Transfer to new 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:

☐

Dentrix Core Support

☐

McAfee Antivirus

☐

Ebackup

☐

Safecom

☐

Hardware Support

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: CALicensetransfer@henryscheinone.com. 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 AND EMAIL TO: CALicensetransfer@henryscheinone.com
ANY MISSING INFORMATION MAY RESULT IN YOUR REQUEST BEING DELAYED.**