



Software License Form

IMPORTANT: This information will appear on customer receipts.

Business Name:	
Address 1	
Address 2(optional)	
City/State/Zip	
Phone #	
Fax #(optional)	
Website (optional)	

I understand that the information provided here shall be used for the purposes of licensing my POS software. I understand that the software license shall be issued to the company identified above and transfer/reassignment of the license is governed by the policies of the software manufacturer & Cervion Systems.

Signature: _____

Print name: _____

Title: _____

Date: _____