



**LICENSE AGREEMENT REGISTRATION** ABILITY SYSTEMS CORPORATION (ASC)

Product \_\_\_\_\_ Ver. \_\_\_\_\_ Serial No. \_\_\_\_\_

Last Name [\_\_\_\_\_]

First Name [\_\_\_\_\_] Middle Initial [ ]

Organization [\_\_\_\_\_  
\_\_\_\_\_]

Address [\_\_\_\_\_  
\_\_\_\_\_]

City [\_\_\_\_\_] State [ ]

Zip/Postal Code [\_\_\_\_\_]

Country [\_\_\_\_\_]

Phone [\_\_\_\_\_] Fax [\_\_\_\_\_]

Email \_\_\_\_\_

I acknowledge that I have read the ASC Software Licence Agreement, understand it and agree to be bound by its terms and conditions. I further agree that it is the complete and exclusive statement of the agreement between the undersigned and ASC which supersedes any proposal or prior agreement, oral or written, and any other communications between us relating to the purchase and use of the software program(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_



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