



Transfer of License Notification

Please complete this form if you are transferring a license for an ICDD licensed product due to an organization acquisition, merger or consolidation.

If you are the current licensee of the product (the person transferring), please complete Part I. If you are the transferee of the product (the person to whom the license is being transferred), please complete Part II.

Part I: Current Licensee's Information

If this transfer is being completed on behalf of a company or other organization, I represent and warrant that I have the authority to sign this transfer on behalf of the current registered licensee.

Product Information

Product Name(s) and Release Number(s)

Product Serial Number(s)

Reason for notification: acquisition company merger consolidation

Current Registered Licensee

Name and Title (please print)

Company Name

E-mail Address

Street

City

State/Province

Country

Zip/Postal Code

()

Phone

()

Fax

Signature and Date

Part II: Transferee's Information

I, the undersigned, acknowledge receipt of this database/software and documentation. By signing, I confirm that I have read the ICDD Product License(s) included with the database/software package(s) being transferred and that I agree to be bound by its terms and conditions.

Name and Title (please print)

Company Name

E-mail Address

Street

City

State/Province

Country

Zip/Postal Code

()

Phone

()

Fax

Signature and Date

Please mail or fax this form to:

International Centre for Diffraction Data
Attention: Marketing Department
12 Campus Boulevard
Newtown Square, PA 19073
P: 610.325.9814
F: 610.325.9823
mcdonnell@icdd.com
www.icdd.com