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 #:
FAX #:	FAX #:
E-MAIL:	E-MAIL:

RETURN KEY FILE TO:

Name   Titl

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 soft

HARDWARE: _____   OPERATING SYSTEM: _____

SYSTEM I.D. NUMBER: _____

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

***If key request is for multiple products to run on different systems, please specify the system id next to the corresponding ICAM product in the SYSTEM ID section of this form.

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 ONL

Specify the system id for each product if the products are to be installed on different systems.

T123456   P123

SOFTWARE LICENSE AGREEMENT NUMBER:

ICAM SOFTWARE	DEV/RT VERSION#	SYSTEM ID

WO NUMBER:	PO NUMBER:	DATE:
INVOICE #:	AUTHORIZED BY:	