



Request for Temporary Registration

11363 San Jose Blvd., Suite 301
Jacksonville, FL 32223
Phone 800-879-2779
Fax 904-880-6635

PLEASE TYPE OR PRINT

APPX VAR _____ Phone _____ Your Ref. No. _____

Customer Name _____

Customer Address _____

City _____ State/Prov _____ Zip/Postal Code _____ Country _____

Customer Contact _____ Phone _____

Current Registration No. (if applicable) _____

Current Verification Code (if applicable) _____

PRODUCT LINE: _____ **CPU LOCATION** (City, State/Prov, Country) : _____

PLATFORM:

Model: _____ Serial No _____ Network ID _____

Number of Users: _____ Number of Developers: _____

FOR APPLICATION SERVER LICENSE: Author ID: _____ Runtime Lock Code: _____ No. of Files: _____

DATA ACCESS METHODS: (Specify total number of users for each interface)

C-ISAM	DB2	ORACLE	SYBASE	VISION
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BUSINESS APPLICATION TEMPLATES: (Specify total number of simultaneous users for each application)

TAP	TAR	TBA	TCA	TFA	TGL	TGS
TIC	TOE	TPA	TPO	TSA	(incl) TSY	

MAINTENANCE OPTIONS:

UTILITIES:

UniQue Print Queue _____ Total Number of Printers: _____

UniQue Job Queue _____

Forms and Fonts Laser Forms _____

EXPIRATION DATE Requested end date for temporary registration: _____

EXPLANATION Please explain why this temporary registration is required.

SEND REGISTRATION VIA: _____ **TO:** _____

After completing this form in its entirety, please mail, fax, or electronically transmit it to APPX Software. Upon receipt and approval, APPX will issue a temporary registration via e-mail (or fax).

VAR Signature _____ Date ____/____/____ New Regis. No.: _____