



## LICENSE REPLACEMENT REQUEST

Please fill out the required information, print the form, sign and date below, and then fax to (714) 443-5036 or scan and email to [license@amada.com](mailto:license@amada.com).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Check the product(s) affected -

- AP100 Global CAM  
  AR-CAM  
  AMNEST  
  AMNC-IT  
  ASTRO EASY  
  Dr. ABE\_Astro  
 Dr. ABE\_Bend  
  Dr. ABE\_Blank  
  Dr. ABE\_TUBE  
  PCL  
  SDD Server  
  VFactory  
  Other

MAC ID

License Number(s) to be Deactivated (and no longer supported) -

Enter matching Replacement License Number for each Deactivated License

1	1
2	2
3	3
4	4
5	5

For help finding your license info, [click here](#).

### Please briefly explain the reason a replacement license is needed -

I \_\_\_\_\_ verify that the license(s) listed above are no longer active on the equipment they were originally issued for. I understand and agree to pay the current list price for any and all seats that are not removed after the date the replacement license is issued.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX. For Amada internal use only.**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_