**Request for LS One License Transfer**

Before requesting a full/partial LS One license transfer please check that the requirements listed below are met. Then send the completed form and supporting documentation to [licenses@lsretail.com](mailto:licenses@lsretail.com).

**Requirements:**

* Confirmation in writing from both the transferring company and from the company taking over the license that such transfer will take place, including information about the date of the transfer.
* Documentation showing that the sending and receiving companies are affiliates must be provided.
* Modules purchased within the last 12 months cannot be transferred.
* Both sending and receiving licenses must be on active enhancement.
* Where the sending and receiving parties are in different price regions, the PLP of the transferred modules will be updated to match the current list price. Old pricing cannot be carried over.
* Credits/returns will not be issued for unused enhancement plans. Prorated enhancement will be invoiced if necessary.

**Reason for Request:**

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| --- |
|  |

**Sending license details:**

|  |  |
| --- | --- |
| **Sending party; Name of Licensee:** |  |
| **Account no.:** |  |
| **Address:** |  |
| **Postal Code, City & Country:** |  |
| **Phone no.:** |  |
| **Licensee Contact Name:** |  |

**Modules to be transferred:**

|  |  |
| --- | --- |
| **Is this a request for a Full License Request?** | **Yes** **No** (please complete cells below) |
| ***Items to be transferred*** | ***Quantity to be transferred*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Receiving license details**:

|  |  |
| --- | --- |
| **Receiving party; Name of Licensee:** |  |
| **Account no.:** |  |
| **Address:** |  |
| **Postal Code and City:** |  |
| **Phone no.:** |  |
| **Licensee Contact Name:** |  |

**Signed by sending party**

Signed and date

**Signed by receiving party**

Signed and date