

**Partnership Split
Transfer Agreement**

Client / Account # _____

Office Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ email _____

Product(s) Being Transferred: Easy Dental Dentrix

Partner(s) Relinquishing Software Rights Agreement:

I certify that the software product has been removed from any computer which was not included in the sale of the office. I certify that all printed and tangible product and materials have been left in the possession of the purchaser. I furthermore certify that neither the application nor supporting materials have been copied and kept in any form including, but not limited to, both printed and digital forms. I hereby relinquish all control and ownership of the license to the partner(s) listed in the following section. I further certify that I am the current licensee, or I am the authorized representative of the current licensee, of the software product(s) listed above and I have full authority to sign this legally binding agreement to transfer the license to such software product(s) to the partner(s) named below.

Relinquishing Partner(s) Printed Name(s) _____

Relinquishing Partner(s) Signature(s) _____ Date _____

Practice Name (if applicable) _____

Partner(s) Retaining Software Rights Agreement

By opening any sealed software package or using any software from HSPS, you agree that you have read, understand, and accept the provisions in the Software End User License Agreement (EULA) and the Terms and Conditions, a copy of which is attached for your reference.

Retaining Partner(s) Printed Name(s) _____

Retaining Partner(s) Signature (s) _____ Date _____

Practice Name (if applicable) _____

Office Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ email _____