

POS CONNECT REGISTRATION FORM

New Upgrade Re-Install Name Change

Maintenance Required?* YES NO

Registration Code*: _____

Trading Name*: _____

Company Name*: _____

Site Address*: _____

Contact: _____

Site Phone: _____ Site Fax: _____

Other Details: _____

Old Access Key: _____

Old Registration Name: _____

Your PO*: _____

(If New, Name Change or Maintenance selected)

Software Version* 1.1.XX 1.4.XX or greater 1.5.64 or greater

Dealers Name*: _____

Ordered by*: _____

Email/Fax to be returned*: _____

Phone: _____ Mobile: _____

Office Details:

Invoice No: _____ Date Paid: _____

License Number: _____ Date returned: _____

*** DENOTES REQUIRED FIELDS
REGISTRATION WILL NOT BE PROCESSED IF INCOMPLETE**