



Subscription Customer Information Form

Please refer to filling in instructions notes at the last page of the form

Purchase Order (PO) no. (To Autodesk): (Filled out by Distributor)	PO date: (Filled out by Distributor)	Date of Application: (Filled out by Distributor)	Existing Contract no. : (Filled out by Distributor - for addition to existing contract only)
New Contract number: (To be issued by Autodesk)		Contract Start Date: (To be issued by Autodesk)	

*** Information is mandatory**

Registered Customer Information (All fields are Compulsory):

Contract Coordinator: Receives renewal notifications and is the primary contact for contract communications.

Contract Coordinator - Company Details - Customer to complete

*Company		*City	
Alternate Company name (Optional)		State/Province	
*Address1		*Zip code	
Address2		*Country	
Address3		*Telephone	

Contract Coordinator – Contact Details - Customer to complete

*Firstname		Alternate Firstname (Optional)	
*Lastname		Alternate Lastname (Optional)	
Department		Fax	
Position		*Email	
*Telephone		*Language	<i>English / Japanese / Korean / Traditional Chinese</i>
Ext			



Supporting Reseller: Reseller to complete – in English only (Please contact your local Autodesk office for your Account number)

*Account No.		*City	
*Firstname		State/ Province	
*Lastname		*Zip code	
Department		*Country	
*Company		*Telephone	
*Address1		Fax	
Address2		Email	
Address3			

Distributor: Distributor to complete – in English only (Please contact your local Autodesk office for your Account number)

*Account No.		*City	
*Firstname		State/ Province	
*Lastname		*Zip code	
Department		*Country	
*Company		*Telephone	
*Address1		Fax	
Address2		Email	
Address3			



***Group Information** – use groups to organize your contract by product, office location, or department.

? **New Group** ? **Existing Group**

Fulfillment Coordinator - Receives Fulfillment notices and fulfillment product.

? SELECT if a company detail is the same for both Contract Coordinator and Fulfillment Coordinator.

Fulfillment Coordinator - Company Details - Customer to complete (Please fill up another Customer Information form when designating different ship to location)

*Company		*City	
Alternate Company name (Optional)		State/Province	
*Address1		*Zip code	
Address2		*Country	
Address3		*Telephone	

Fulfillment Coordinator – Contact Details - Customer to complete

*Firstname		Alternate Firstname (Optional)	
* Lastname		Alternate Lastname (Optional)	
Department		Fax	
Position		*Email	
*Telephone		*Language	English / Japanese / Korean / Traditional Chinese
Ext			



Customer to complete

*Group Name 1 (20 characters limit – English only)	Group Number (Leave Blank if new group)

Please list all the serial numbers that will be organized under this group for the enrollment of this program (use additional sheets if needed) - **Distributor to complete**

*Please Tick As Appropriate	Autodesk *Product Name/Version/ (Add-on)	Serial Number (s) (needed for new subscription)	*# of seats	*Platform (Network or Standalone)
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				

Group Information continues – use if adding another group to this contract.

Group Name 2 (20 characters limit – English only)	Group Number (Leave Blank if new group)

Please list all the serial numbers that will be organized under this group for the enrollment of this program (use additional sheets if need to).

Pleas Tick As Appropriate	Autodesk Product Name/Version	Serial Number (s) (needed for new subscription)	# of seats	Platform (Network or Standalone)
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				
? New Subscription				
? Add-on				



PLEASE NOTE THAT CUSTOMER'S PURCHASE OF SUBSCRIPTIONS SHALL BE SUBJECT TO AUTODESK'S ACCEPTANCE OF THIS CUSTOMER INFORMATION FORM.

Customer acknowledges that he/she has read and agrees to be bound by the terms set out above and in the Autodesk Subscription Terms and Conditions. The person signing on behalf of Customer must be authorized to execute this Customer Information Form on behalf of the Customer. (Autodesk Subscription Terms and Conditions attached.)

CUSTOMER: (A copy of the Autodesk Subscription Terms and Conditions to be retained by the Customer.)

By: _____

Print Name & Company Stamp

Date

Important Notes:

1. All physical deliveries that a Customer is entitled to receive pursuant to this Customer Information Form will be made to the Fulfillment Co-ordinator at the location specified above. Each Customer Information Form is entitled to only **one ship to address**.
2. Each Customer Information Form requires the submission of Product Serial Number to prove the eligibility of sales.
3. The Product Serial Number must be submitted in accordance to the type of subscription being purchased.
4. Group information is mandatory for organizing the contract structure.
5. All Registered Customer and contact details are required. Email address for the contact is mandatory.
6. Information if incomplete, subscription registration will be delayed in order to obtain the missing information. Autodesk shall not be responsible for any failure or delays in processing a Customer Information Form as a result of any inaccuracies or omissions by Customer in providing the above information.
7. Customer Information Forms are to be faxed to your respective local Autodesk Sales Offices together with your purchase order.
8. **NOTE: To Distributors/Resellers/Customers who are placing a purchase order directly on Autodesk for the Subscriptions specified in this Customer Information Form, please specify your purchase order no.**