EZLynx REDUCTION IN AUTHORIZED SEATS/USERS

1. Effective on the Reduce Users on the following date indicated below ("Effective Date") stated for the applicable product or service below, I request that EZLynx reduce the number of authorized seats/users ("Users") for such product or service as follows:

EZLynx BMS System

*Account Name:	*Account ID/Org ID:
*Product/Package Name:	**Reduce Users on the following date: _____** *Reduction cannot be backdated.*
*Current Number of Licensed Users:	**Email Address:**
Number of users being reduced:	**Number of users after reduction**:
Prior to the effective date of the reduction, Customer should disable the EZLynx user login(s) for the specific users they want to reduce. Customer may contact Support if assistance is needed disabling users.	
Reason for reduction:	

EZLynx Rating System

*Account Name:	*Account ID/Org ID:
*Product/Package Name:	**Reduce Users on the following date: _____** *Reduction cannot be backdated.*
*Current Number of Licensed Users:	**Email Address:**
Number of users being reduced:	**Number of users after reduction**:
Prior to the effective date of the reduction, Customer should disable the EZLynx user login(s) for the specific users they want to reduce. Customer may contact Support if assistance is needed disabling users.	
Reason for reduction:	

*Please note that this information can be obtained from your most recent EZLynx subscription invoice.

2. Upon the Effective Date, EZLynx will automatically update the billing/licensing information to reflect the revised number of Users.

<u>ACKNOWLEDGEMENT</u>

Licensee:
Signature:
Printed Name:
Title:
Date:

This signed/completed form needs to be returned via email to billingquestions@appliedsystems.com for processing.