

Free License Application Form

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About

This document aims to collect additional information regarding your free one-year seat license application. After completing this form, please send it to FSL@InstaLOD.com. InstaLOD staff will review the document and revert back to you if the application has been approved.

Licensee Information

Please fill in the fields that are shaded in grey.

Application Type (please choose one)	<input type="checkbox"/> Individual <input type="checkbox"/> Company
Your Name	
Your Registered Address	
Company Name (leave blank if application type is individual)	
Company Registered Address (leave blank if application type is individual)	
Email	
Telephone	
Software Usage (please provide a detailed description about how you're planning to use our software)	
Where did you hear about InstaLOD?	

Place, Date

Signature Licensee

Contact

If you have any questions regarding this form, please contact FSL@InstaLOD.com.