



License Upgrade Request Form

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Phone Number: _____

Company Contact: _____

Email Address: _____

Existing ExpertCAD Version: _____

Authorized Signature: _____

(Print): _____

Please Fax completed form to **(248) 269-8355** or email form to amt-sales@softech.com



SofTech **AMT Division**

SofTech Inc. 755 West Big Beaver Road - Suite 410 Troy, MI 48084