



## FREEDOM APPLICANT WORKSHEET

### Client Details:

Organization Name:	Defined Unit To Be Licensed: (Department, Division, Unit etc.)
Courier Address:	Main fax:
Lead contact: Title:	Phone : Fax: Internet:
Secondary contact: Title:	Phone : Fax: Internet:
Technical contact: Title:	Phone : Fax: Internet:

Please Check the Appropriate Box:

- Organization is licensing all Workstations
- Organization is licensing all Employees

Number of Workstations or Employees in  
Organization:

I certify that the above information is complete and accurate:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please fax your completed request form to:

COREL CORPORATION  
GLOBAL MAJOR MARKETS PROGRAMS

FAX# 613-761-9219

