



Teamflect LTD.

284 Chase Road, A Block 2nd Floor, London, United Kingdom, N14 6HF

Effective date (dd/mm/yyyy):	Customer Company Legal Name:
Customer Contact Name:	Mailing Address:
Customer Contact Email:	
Teamflect Representative Email Address:	Payment Terms:
	Payment Schedule:
	PO Number (optional):

Teamflect Plan	
License Start / End Date (dd/mm/yyyy)	Start Date:
	End Date:
Subscription Term (Months)	
License Count	
Price Per License	
Total Amount for The Subscription Term	
Special Terms and Conditions	



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Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____