

## EntropyX™ Licensee Application

Thank you for your interest in licensing EntropyX™.

Please complete this form and email it to **entropyxcompression@gmail.com**.

We will review your application and contact you within 3–5 business days.

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### Applicant Information

**Organization/Individual Name:**

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**Contact Person:**

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**Title/Position:**

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**Phone Number:**

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**Email Address:**

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**Website:**

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**Mailing Address:**

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### Business Information

**Type of Entity:** (check one)

☐ Corporation

☐ LLC

☐ Sole Proprietor

☐ Non-Profit

☐ Other: \_\_\_\_\_

**Industry Sector:**

- ☐ Technology
- ☐ Healthcare
- ☐ Legal
- ☐ Finance
- ☐ Media/Entertainment
- ☐ Education
- ☐ Government
- ☐ Other: \_\_\_\_\_

**Intended Use of EntropyX:**

- ☐ Internal Use Only
- ☐ Commercial Product Integration
- ☐ Service Offering
- ☐ Research & Development
- ☐ Other: \_\_\_\_\_

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**Application Details**

**Describe your intended use case(s) for EntropyX:**

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**Number of Users/Seats Needed:**

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**Deployment Model:**

- ☐ On-Premises
- ☐ Cloud/SaaS
- ☐ Hybrid
- ☐ Not Sure

**Expected Start Date:**

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**Agreement & Signature**

By submitting this application, you acknowledge that all the information provided is accurate to the best of your knowledge. Submission of this application does not guarantee license approval. All applications are subject to review.

**Authorized Signature:**

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**Date:**

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**Please email the completed form to:****[entropyxcompression@gmail.com](mailto:entropyxcompression@gmail.com)**