AxF SDK REQUEST DOCUMENT

Fill out the _ENTIRETY_ of the form and Send Reply to: licensingteam@xrite.com

CONTACT INFORMATION

Company Name: _____ Date: _____

Requestor's Name: _____

Email Address: _____ Phone Number: _____

Company Address: _____

_____

USE CASES

For internal use or evaluation only?   ☐ Yes   ☐ No

Does Your company manufacture color measurement instruments or software?

_____

Reason for request (include licensed products):

_____

Specific Use Limitation (What are you going to use the SDK for?)

_____

Are you going to be re-distributing or using the SDK to produce a commercial application?:

_____