

Please complete this form and Fax it to us at 866-337-5558 OR Email it to registration@abelsoft.com

MyABEL provides access to a variety of resources and services that are available through a secure login-based portal. ABELSoft customers must first register a Master User Account to gain access to these resources and to grant managed access to others in your practice.

The Master User Account has complete access and permission to all features of the practice's MyABEL account which include but are not limited to; the ability to purchase products online, download product updates, access customer account information and grant others access to your MyABEL account.

For security reasons, the **Master User Account holder should be the individual who is the current ABEL product license owner**, or a person whom the license owner has authorized to register as the Master User Account holder.

Please provide the following information to register for your MyABEL Master User Account:

Customer Information:				
Practice Name:		ABEL Client ID:		
Master User Account hold	er:			
First Name:		Last Name:	Last Name:	
Email Address:		Confirm Email:		
	ect an email address that is private and not shared by others in your practice.)			
ls ti	his person the current	ABEL product license owner? 🗖 Ye	S	
If No:				
۱, the cu	urrent ABEL product lic	ense owner, authorize	to be registered as the	
Master User Account holder	for my practice.			
ABEL Product License Owr	ner Signature:			
· ·		e acknowledging the information on y be created once a signed registrat	•	
(print) First Name	Last Name	Signature		
Date:				
A temporary account passw new password the first time		the address stated on this form. Yo ABEL Master User Account.	ou will be required to create a	