

MediaWise International, Ltd.
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Web-COPS Technical Form 1

Application Details	
Application Title and version:	
Publisher Name:	
Developer:	
Technical Contact: <i>Name/Tel/Fax/Email</i>	
Operating System:	<input type="checkbox"/> Win95 <input type="checkbox"/> Win98 <input type="checkbox"/> WinME <input type="checkbox"/> Mac (Hybrid CD) <input type="checkbox"/> WinNT <input type="checkbox"/> Win2000 <input type="checkbox"/> WinXP <input type="checkbox"/> with Audio (Mixed Mode CD)
Application minimum requirements:	

Business Model	
Protection type:	<input type="checkbox"/> Try before buying: Time-limited protected program downloaded/distributed freely. Payment is needed to purchase unlimited edition. <input type="checkbox"/> Buy before using: Protected program downloaded / distributed only after payment.
Distribution media:	<input type="checkbox"/> CD-ROM / DVD-ROM <input type="checkbox"/> Downloadable from the internet with total size of MB
Payment type:	<input type="checkbox"/> Automated Activation with Online credit card payments <input type="checkbox"/> Offline payments to the publisher (offline credit cards, bank deposits, checks) <input type="checkbox"/> Automated Activation with Prepaid Cards
Figures:	Quantity of distributed CD-ROMs or expected number of downloads: End user price of the application:

Protection	
Executable format: <input type="checkbox"/> 16 bit <input type="checkbox"/> 32 bit Developing tool & version:	
<i>Please, make sure that the main executable must be without any encryption or compression envelopes.</i>	
Full path name of the main EXE that must be protected:	
Will you use MediaWise's web-hosting for your downloadable application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to process online transactions through MediaWise's payment gateway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to acquire funds through MediaWise's international merchant account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Application Requirements / Comments / Description about its operation.	

Authorized Person: (Date, Print Name & Signature)	<table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #000080; color: white;"> <td align="center">Please fill in and return this form to:</td> </tr> <tr> <td align="center">Fax: +30 2310 252089</td> </tr> <tr style="background-color: #000080; color: white;"> <td align="center">Need help filling in this form?</td> </tr> <tr> <td align="center">Call: +30 2310 252080</td> </tr> <tr> <td align="center">Email: Support@MediaWiseInt.com</td> </tr> </table>	Please fill in and return this form to:	Fax: +30 2310 252089	Need help filling in this form?	Call: +30 2310 252080	Email: Support@MediaWiseInt.com
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