

APPLICATION FORM (1/2)

Deltares systems

User/company

Organization name

Visiting address

Postal code

City

Country

Tel.

VAT number (European Community only)**

Contact person

Surname

Gender* M F

Given name(s)

E-mail address

Tel.

Invoicing information (if different than company address)

Organization name

Attn. to

Gender* M F

Mailing address

Postal code

City

Country

Your reference (if applicable)

VAT number (European Community only)**

Delivery address (if different than company address)

Organization name

Attn. to

Gender* M F

Visiting address

Postal code

City

Country

Recipient's telephone no. or e-mail address:

* Please check one ** European Community members are charged 21% VAT, unless they specify their VAT number. Non European Community members are charged 0% VAT

APPLICATION FORM (2/2)

Deltares systems

Protection (not necessary for Delft3D Service Packages)*

Type of protection

New USB dongle (€ 100)

Existing USB dongle; Dongle number 9- _____

Mac address

Type of license

Stand-alone license

Server license

Postage and handling for delivery of dongle*

In the Netherlands and Belgium € 0

Other countries by courier services € 75

Payment details

By bank

Bank Details

IBAN code NL11RABO0154142557

BIC / Swift-code RABONL2U

By Credit card*

Euro/Master card Visa

* Please check one ** European Community members are charged 21% VAT, unless they specify their VAT number. Non European Community members are charged 0% VAT

Please fill in and return this delivery information sheet by e-mail (sales@deltaressystems.nl)