

Dear IMAGE License Team,

Please send me a quote for

Number of eFilm licenses:

Number of licenses to replace:

I am:

Enclosed you will find all relevant information for the preparation of the offer.

Complete Billing Information	
Name of Institution*	
Invoice Recipient	
E-mail Address	
Telephone Number	
Street Address + Number*	
Zip Code*	
City*	
Country*	
VAT-ID for EU Member Countries	

Complete End-user Data	
Name of Institution*	
Contact Person*	
E-mail Address	
Telephone Number	
Street Address + Number*	
Zip Code*	
City*	
Country*	
Site*	
Device/Machine	

*Mandatory