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CONTACT INFORMATION

University/Institute:

Full Address (street, house number, postcode/zip, city, country, etc.):

Tax number:

Website:

Contact number:

E-Mail adress:

Position/Role of Applicant:

PROJECT DESCRIPTION

Project content:

Number of required licenses:

Project time frame:

Project leader:

CONTACT PERSON FOR ACCOUNTING

Contact name:

Contact number:

E-Mail address for billing:

Stamp:

Name for authorised signatory:

Date:

Signature:

data M Sheet Metal Solutions GmbH
Am Marschallfeld 17
83626 Valley | Oberlindern
Germany

Tel: +49 8024 640 0
Fax: +49 8024 640 300
E-Mail: datam@datam.de
Web: www.datam.de

Raiffeisenbank im Oberland e. G.
IBAN: DE53 7016 9598 0000 0550 85
SWIFT (BIC): GENODEF1MIB
Deutsche Bank AG München
IBAN: DE59 7007 0010 0501 6100 00
SWIFT (BIC): DEUTDEMM

Geschäftsführer
Albert Sedlmaier | Maximilian Sedlmaier
Sitz der Gesellschaft
Valley | Registergericht München
HRB-Nr. 81828
Ust.-ID-Nr. DE 129322754