

**Books24x7
MLNC Members Order Form**

Library Information

Institution Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

4 year Academic

Public Library

2 year Academic

K12

Contact Information

Primary Contact: _____ Email: _____

Telephone: _____ Fax: _____

Technical Contact: _____ Email: _____

Telephone: _____ Fax: _____

Subscription Information

IP Addresses/Ranges:

Please list the collections to which you wish to subscribe:

Title	# Concurrent users or
Unlimited	

I understand my institution will be invoiced _____ (fill in calculated total) for the database(s) ordered above.

Authorized Signature/Title Date

Return to MLNC via Mail or Fax
Missouri Library Network Corporation
13610 Barrett Office Drive, Suite 206, Ballwin, MO 63021
phone: 800-969-6562 • fax: 314-394-1326
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