

Credo Reference
MLNC Member Order Form

LIBRARY INFORMATION *(Please type or print)*

Institution: _____
Contact Person: _____ Email: _____
Technical Contact: _____ Email: _____
Street Address: _____

City, State, Zip: _____
Telephone: _____ Fax: _____

Select library type and provide current FTE (full time equivalent) or population served:

- Four-year academic FTE: _____
 Two-year academic FTE: _____
 K-12 school library Pricing is not dependent on FTE
 Public library Population served: _____

Select subscription level:

- Credo General Reference 100
 Credo General Reference Premium

IP Addresses

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
Rev. 8/26/2010