

**Customer Information**

Sales Rep: \_\_\_\_\_ CSR: \_\_\_\_\_

Order Date: \_\_\_\_\_ PO No: \_\_\_\_\_

Name: \_\_\_\_\_ PROMO: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Check here if you would like to be contacted for advanced authentication options.

Bill To: \_\_\_\_\_

Check here if you would like MARC Records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if you are paying by credit card and fill out the authorization information on the reverse side of this form.

Optional  
Account No:

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

Please check the box that most accurately describes your institution.

School
<input type="checkbox"/> Individual School
K-12 District
<input type="checkbox"/> 1-1,999
<input type="checkbox"/> 2,000-3,999
<input type="checkbox"/> 4,000-6,999
<input type="checkbox"/> 7,000-9,999
<input type="checkbox"/> 10,000+
<i>Full-Time Enrollment</i>

Public Library
<input type="checkbox"/> Under 10K
<input type="checkbox"/> 1-25K
<input type="checkbox"/> 25-75K
<input type="checkbox"/> 75-150K
<input type="checkbox"/> 150-300K
<input type="checkbox"/> 300K+
<i>Cardholders</i>

Academic
<input type="checkbox"/> Teacher/Faculty
<input type="checkbox"/> Under 5K
<input type="checkbox"/> 5-10K
<input type="checkbox"/> 10-20K
<input type="checkbox"/> 20-40K
<input type="checkbox"/> 40K+
<i>Full-Time Enrollment</i>

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