

# LIBRARY ORDER FORM



Yes! Please sign my school up for a year's subscription to the TumbleBook Library.

## Billing Information:

Library: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Shipping Information:

Branch: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Notes:

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

## Method of Payment:

Please check:

Please send me an invoice so that I can pay by check. My Purchase Order Number is:

\_\_\_\_\_

Invoice should be dated:  
(year/month/date)

\_\_\_\_\_

I would like to pay by Visa/MasterCard using your secure online payment option.

## School Information:

Single Library

Multiple-Branch Library

No. Of Libraries: \_\_\_\_\_

Start of Membership: (year/month/date)

\_\_\_\_\_

## Library Level:

Mini

Regular

Deluxe

## For Office Use Only:

Start of Membership: \_\_\_\_\_ Expiration of Membership: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Please fax this form to: 416 781 2764  
or mail it to: 1853A Avenue Road, #4, Toronto, On M5M 3Z4, Canada