

Institution: _____ OCLC Symbol: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Subscription Start Date: _____ FTE: _____

Materials Budget \$ _____ Number of sites _____

Subscription Options

Pricing

Users	List Price	Amigos Discount	Users	List Price	Amigos Discount
3	\$995	\$896 <input type="checkbox"/>	10	\$3,326	\$2,993 <input type="checkbox"/>
4	\$1,328	\$1,195 <input type="checkbox"/>	11	\$3,659	\$3,293 <input type="checkbox"/>
5	\$1,661	\$1,495 <input type="checkbox"/>	12	\$3,992	\$3,593 <input type="checkbox"/>
6	\$1,944	\$1,795 <input type="checkbox"/>	13	\$4,326	\$3,893 <input type="checkbox"/>
7	\$2,327	\$2,094 <input type="checkbox"/>	14	\$4,658	\$4,192 <input type="checkbox"/>
8	\$2,660	\$2,394 <input type="checkbox"/>	unlimited	\$4,996	\$4,496 <input type="checkbox"/>
9	\$2,993	\$2,694 <input type="checkbox"/>			

Payment Options and Library's Authorization (Please check one)

- Invoice library per standard Amigos policies and procedures.
- Deduct from library's OCLC Network Deposit Account.
- Deduct from library's A-Plus Service's Deposit Account.

Purchase order number, if required by library (not required by Amigos): _____

Authorizing Signature: _____

Title: _____ **Date:** _____

Please return via fax to: Rita Patrick, Amigos A-Plus Services,
 Fax: 972/991-6061; Phone: 972/851-8000 or 800/843-8482 ext. 2850; E-mail: patrick@amigos.org



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Classical Music Library Integration Form

PLEASE TYPE OR PRINT CLEARLY. If you have questions, please contact your sales representative or our customer service representative at 800.889.5937 ext. 115. You can also refer to the Integration FAQ that came with this form. If you did not receive a copy of the FAQ, please contact your sales rep to request a copy.

School/Library Name:			
School/Library Mailing Address:			
Technical Contact Name:			
Main Contact Name:			
If you are ordering through a consortium, please list:			
Email:		Phone:	

ORDER INFORMATION

SUs purchased:		Total Price:	\$	Subscription Length:	months	Order Date	mm/dd/yy
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SERVICE OPTIONS (please indicate YES or NO)

	Downloading Purchase	64 kbps audio quality option
Local (on-campus) Access:		
Remote (off-campus) Access:		

Authorization: please list your IP ranges or referring URLs (use additional pages as required)	
Local Access – list IP range on campus	Remote Access (optional) – list IP range coming through proxy server

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