



# ACCESS VIDEO ON DEMAND MEMBER DISCOUNT SERVICES ORDER FORM

**\*Information required to establish your account.**

\*Institution: \_\_\_\_\_ \*FTE Count: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Universal Account Username (one word): \_\_\_\_\_

\*Universal Account Password (one word): \_\_\_\_\_

\*Authentication Required?  Yes  No If so, what type: \_\_\_\_\_

\*IP Ranges (if applicable): \_\_\_\_\_

\*Subscription Start Date: \_\_\_\_\_

**\*Administrator Contact Information:**

Administrator Contact First Name/Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*Technical Contact Information (Required for Authentication Only):**

Technical Contact First Name/Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*Select (✓) the collection(s) you are ordering:**

- |                                                                       |                                                                                |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Arts & Humanities Collection                 | <input type="checkbox"/> Health & Wellness Collection                          |
| <input type="checkbox"/> Social Sciences Collection                   | <input type="checkbox"/> Careers & Trades Collection                           |
| <input type="checkbox"/> Business & Economics Collection              | <input type="checkbox"/> Home & Family Collection                              |
| <input type="checkbox"/> Science, Mathematics & Technology Collection | <input type="checkbox"/> Travel & Recreation Collection ( <b>Coming Soon</b> ) |

**\*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 Member Discount Services Deposit Account.

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

**Authorizing Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to Kathy Burbidge via e-mail: [burbidge@amgios.org](mailto:burbidge@amgios.org) or fax: 972-991-6061  
For questions, contact Kathy at 1-800-843-8482 ext. 2802.