

Digitization on Demand Order Form

Date received:	Staff member:	Department:
FO		F USE ONLY
Section 1 : [Contact	t information]	
Name		Institution / Company
Address / PO Box		City
Province	Country	Postal code
Telephone	Email	
Section 2 : [Item red	quest list]	
Call number	Author / Title & Date	
Number of pages		
Section 3 : [Deliver	y method]	
File transfer service via email		FTP Information
Email address		URL/Address
		Username Password
Section 4 : [Pricing]	
Digitization on Demand (Service prices include \$25.00 per item + 15c per page)		tem cost
(Service prices inci	dde \$25.00 per item + 15c per page	HST (13%)
		TOTAL:
Section 5 : [Payme	nt information]	
VISA N	Mastercard American E	xpress
Card number		Name (please print)
Exp date		PST Exemption # (where applicable)
Signature		
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Х		Customer Signature Required
I request that the reproduct	ion work on this form be done by the Toron	nto Public Library and I agree to the conditions above.

Please contact the Special Collections department for any information regarding your order

Tel: 416-393-7156 Email: trlspc@torontopubliclibrary.ca FAX: 416-393-7147