

Questions? Please call (206) 477-1305

Agency/Dept. Name

Address

City

State

ZIP

Phone

Account Contact Name

Email Address

Step 1 - ACCOUNT INFORMATION

Complete the blanks above to provide us with your agency contact information. If you provide us with an agency contact name, that individual will receive general notices and announcements.

Step 2 - CALCULATE Annual Fee Amount

2019 Payment Amount = Waived

Step 3 - SIGN Your Invoice and ATTACH Borrowers

On behalf of my agency/dept., I acknowledge and agree to the following terms and conditions:

- \* The privileges provided by this account are not transferable in any manner.
\* The agency employees authorized on this account are using library resources as part of their job responsibilities.
\* Subscribers are required to pay all fines and charges incurred through the use of this account.
\* The attached borrowers list includes all agency/dept. employees who are authorized to use this account.

Signature of Authorized Representative

Date