



**2016-2017 Hoopla Member Library Contribution Form**

**Library Information:**

|  |  |
| --- | --- |
| **Name of Library:**  |  |
| **Library Code:** |  |

**Primary Contact:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Billed to Address:** |  |

Please bill above in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_, for the purchase of Hoopla for 2016-2017

**Payment is due within 30 days of invoice.**

**Acknowledgement and Acceptance:**

On behalf of my Library, I represent and warrant that I have the authority to enter into this Agreement and my signature below indicates my Library’s agreement and acceptance of the above purchase.

By (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit completed order forms to Amanda Schiavulli via delivery or at** **aschiavulli@flls.org**