

**2017 eContent Member Library Order/Invoice Me 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 digital media for 2017.

The eContent Selection Committee will follow the Ordering Guidelines to assure this digital collection fills the needs of our diverse service area. To select specific items for purchase, member libraries **must** fill out a Commit to Purchase Form and make their own account in Content Reserve.

**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**