



Nylink TLC Order Form



Section I: Institution Information

Institution: _____

Library: _____

Street or PO Box: _____

City: _____ State: _____ Zip/Postal Code: _____

Cataloging Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Section II: Subscription Information

If you do not already have pricing for TLC, please contact Nylink:
Lynne Graziadei, Member Services Librarian
800-342-3353
graziadeil@nylink.org

Please begin my subscription on: Month _____ Year _____

Note: Subscriptions begin on the first day of each month.

Number of titles in library catalog at time of order or renewal: _____

Number of titles added per year at time of order or renewal: _____

TLC Product	Number of users
ITS.MARC—Core Files	
ITS.MARC A/V Access	
ITS.MARC British	
ITS.MARC SchoolMARC	
ITS.MARC for Consortia	N/A
BiblioFile Software	

Section III: Billing Information and Authorization

Institution: _____

Library: _____

Street or PO Box: _____

City: _____ State: _____ Zip/Postal Code: _____

Billing Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

P.O. Number (optional, not required by Nylink): _____

Authorizing Signature: _____

Printed Name: _____ Date: _____

Section IV: Process Order

Please mail or fax the completed form to:

Lynne Graziadei, Member Services Librarian
Nylink
State University of New York
State University Plaza
Albany, NY 12246

Fax: 518-432-4346

Phone: 518-443-5444 or 800-342-3353

E-mail: graziadeil@nylink.org

Or scan and e-mail to: services@nylink.org