



# Academic Institutions

## SCELC Order Form

Name of Institution: \_\_\_\_\_

Please return this form via fax to (888) 715-7167, or scan and email it to the SCELC office at orders@scelc.org **by 11/15/2013**. All prices are for annual costs unless otherwise specified.

### Product Information

**Third Iron: BrowZine** from December 1, 2013 to November 30, 2014

Maximum price: None

Minimum price: None

- FTE  $\geq 1 \leq 3999$  Price: \$1,695.75
- FTE  $\geq 4000 \leq 9999$  Price: \$2,970.75
- FTE  $\geq 10000 \leq 19999$  Price: \$4,670.75
- FTE  $\geq 20000 \leq 39999$  Price: \$5,945.75
- FTE  $\geq 40000 \leq 59999$  Price: \$7,645.75

Term Dates: 12/1-11/30

A 5% Surcharge will be billed on the invoice.

A 5% Affiliate Transaction Fee, up to a maximum of \$50.00, will be billed on the invoice.

#### Is this a new acquisition?

Yes       No

#### Is this a change to a new vendor for your library?

Yes       No

### Library Information (please type or print)

Institution Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (required for notification of activation): \_\_\_\_\_

It is understood that acquisition of the product above is predicated upon prompt payment of all invoices to SCELC within 30 days of the invoice date. Please reference the invoice number with payment. Failure to remit payment according to stated deadlines may result in cancellation of the service.

Authorized Signature/Title

Date

617 South Olive Street, Suite 1200  
Los Angeles, CA 90014  
Phone (310) 728-6791 Fax (888) 715-7167  
<http://scelc.org>

Federal Tax ID #91-2158378



# Medical School Institutions

## SCELC Order Form

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### Product Information

**Third Iron: BrowZine** from December 1, 2013 to November 30, 2014

Maximum price: None

Minimum price: None

FTE  $\geq 1 \leq 9999$  Price: \$3,395.75

FTE  $\geq 10000 \leq 19999$  Price: \$4,670.75

Term Dates: 12/1-11/30

A 5% Surcharge will be billed on the invoice.

#### Is this a new acquisition?

Yes

No

#### Is this a change to a new vendor for your library?

Yes

No

### Library Information (please type or print)

Institution Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (required for notification of activation): \_\_\_\_\_

It is understood that acquisition of the product above is predicated upon prompt payment of all invoices to SCELC within 30 days of the invoice date. Please reference the invoice number with payment. Failure to remit payment according to stated deadlines may result in cancellation of the service.

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# Hospital Institutions

## SCELC Order Form

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### Product Information

**Third Iron: BrowZine** from December 1, 2013 to November 30, 2014

Maximum price: None

Minimum price: None

- FTE  $\geq 1 \leq 299$  Price: \$2,970.75
- FTE  $\geq 300 \leq 499$  Price: \$3,395.75
- FTE  $\geq 500 \leq 699$  Price: \$4,245.75
- FTE  $\geq 700 \leq 899$  Price: \$5,095.75
- FTE  $\geq 900 \leq 1499$  Price: \$5,945.75
- FTE  $\geq 1500 \leq 1999$  Price: \$6,795.75
- FTE  $\geq 2000 \leq 2999$  Price: \$7,645.75

Term Dates: 12/1-11/30

A 5% Surcharge will be billed on the invoice.

A 5% Affiliate Transaction Fee, up to a maximum of \$50.00, will be billed on the invoice.

#### Is this a new acquisition?

- Yes**       **No**

#### Is this a change to a new vendor for your library?

- Yes**       **No**

### Library Information (please type or print)

Institution Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (required for notification of activation): \_\_\_\_\_

It is understood that acquisition of the product above is predicated upon prompt payment of all invoices to SCELC within 30 days of the invoice date. Please reference the invoice number with payment. Failure to remit payment according to stated deadlines may result in cancellation of the service.

Authorized Signature/Title

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