



Cooperative Purchasing & Licensing



All requested information must be provided for us to process your order.

Contact Person: _____

Library: _____

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Check one: New Order Re-Order

Check one: #5700 One-Part Label #5600 Two-Part Label

Imprint Line (35 characters max): _____

Starting Number: _____

Minimum order of 5000 labels required.

Polypropelene with digital compositions \$27.00 per thousand labels

Quantity **Price**

Payment (choose one):

Deduct from Deposit Account (no charge) Symbol _____

Please Invoice (service charge)

\$10.00

Shipping

\$10.00

Total

WiLS 728 State Street, Rooms 464 and B106B, Madison, WI 53706