



## Cooperative Purchasing & Licensing



This form must be attached to your purchase order.

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

PO must be made out to: WiLS, 728 State Street, Room 464, Madison WI 53706.

Contact Person: \_\_\_\_\_

Library: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ IP Range: \_\_\_\_\_

Title Source 3 Gold	Price	
Full Service Admin single ID for Public or Academic Library	\$1,700.00	_____
Additional concurrent users	\$275 x # _____	_____
	Total	_____

NOTE: K-12 Libraries should order directly from [the Vendor](#)

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

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