

Publisher and Fulfillment Information

Fulfillment address is required if different than publisher address.

Dates Authorized - From _____ To _____		Fulfillment _____	
Publisher Name _____		Contact _____	
Contact _____		Address _____	
Address _____		_____	
Phone _____ Fax _____		Phone _____ Fax _____	
Email _____		Email _____	

Publication Information

Publication Title _____ URL _____

ISSN _____ UMC _____ Frequency _____

Current Volume / Year _____

Will you accept pro-rated subscriptions? Yes No Terms _____

Will you backstart a subscription upon request? Yes No If so, by how many issues? _____

Cancellation / Refund Policy _____

Claims Contact _____ Claims will not be accepted after? _____

Claim submission preference _____ Description of Title _____

*NOTE - Price Lists for multiple publications can be accepted in lieu of Authorization forms.
Be sure to include Claiming and Cancellation/Refund policies to avoid customer service issues.*

Term / Format	Catalog		Cash Field		School/Educator		Library		Other	
	Agent Code		Agent Code		Agent Code		Agent Code		Agent Code	
	Rate	Remit	Rate	Remit	Rate	Remit	Rate	Remit	Rate	Remit
Print 1YR										
Print 2YR										
Print 3YR										
Online / Digital 1 YR										
Print+Digital/Online 1 YR										
Print+Digital/Online 2 and 3 YR										

*I hereby authorize WT Cox Information Services to submit orders to the above listed titles and terms on behalf of our mutual clients.
Changes to pricing and/or availability will be provided to WT Cox in a timely manner to avoid service disruption to the subscriber.*

Signature: _____ Date: _____

Return to titleinfo@wtcox.com or fax (910) 755-6274

www.wtcox.com