



**Request for ExLibris Aleph Library  
System EDI Transmission**

**Return to:**  
**Customer Service**  
**William S Hein & Co., Inc.**  
**2350 North Forest Road**  
**Getzville, NY 14068**  
**Toll free (800) 828-7571 \*Fax (716) 883-8100**

The purpose of this form is to initiate the establishment of electronic transmissions between your library and William S. Hein & Co., Inc. This form is only for users of **ExLibris Aleph Library System**. For information on other electronic transmission types available, please contact us at 1-800-828-7571.

Complete this form in its entirety and send or fax it to the above address. The information requested below is required in order to ensure a prompt response to your request.

**Please note that there is a \$300.00 one-time activation fee.**

<p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>• ExLibris Aleph Library system</li> <li>• Use of Purchase Order Numbers on all orders placed with Hein</li> <li>• Internet access with FTP capability</li> <li>• Internet e-mail</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• If you have more than one Account number with Hein, you must complete a separate form for each account number.</li> <li>• If you have any questions about this form or Hein's electronic transmissions, please contact us at the above number.</li> </ul>
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<p>I would like to Initiate Electronic transmissions for the following functions:</p> <p><input type="checkbox"/> Serials Invoicing      <input type="checkbox"/> Continuations Invoicing</p>
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<p><b>Hein Account Number</b> <input type="text"/> <b>leave blank if unknown</b></p> <p><b>Library Name</b> _____</p> <p><b>Mailing address</b> _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p><b>Country</b> _____</p>
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<p><b>Primary Contact Information:</b></p> <p>Name _____</p> <p>Title: _____</p> <p>Telephone number: _____</p> <p>E-Mail address: _____</p>
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<p><b>Technical Contact Information:</b></p> <p>Name _____</p> <p>Title: _____</p> <p>Telephone number: _____</p> <p>E-Mail address: _____</p>
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Primary Contact's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please keep a copy of this form for your records