

## **INTERLIBRARY LOAN – ORDER FORM**

LAST NAME	FIRST NAME
COUNTRY / ZIP CODE / CITY	STREET
,	
E-MAIL	PHONE NUMBER
INTERLIBRARY LOAN CARD ID	INTERLIBRARY LOAN PARTNER (NAME OF YOUR ORGANIZATION)
1. BOOK ORDER (Title, Author)	Catalogue Call Number
2. BOOK ORDER (Title, Author)	Catalogue Call Number
Interlibrary Loan Agreements:	ion vary and loop vin to two books for 10 weeks Ma annual
_	ion you can loan up to two books for 10 weeks. We cannot or interlibrary loan is 6€ per book. In case of damage or loss
we charge your organization the cost of t	
Date:	
Signature:	
Organization:	