THE LIBRARY STORE, INC.®

CUSTOM BAR CODE FORM

1 CUSTOMER INFORMATION

Customer Number (see mailing label) ______________________

Order Number (if known) ______________________

Name (please print) ______________________

Title ______________ Dept. ______________

Organization ______________________

Street (No P.O. Boxes) ______________ Mail Code ________

City ____________ State ________ Zip ________

Daytime Phone (_____)______-______ FAX (_____)______-______

E-mail ______________________

☐ Check here if you DO NOT want to receive e-mail promotions and offers.

2 INDICATE THE BAR CODE ORDERED:

Product Number	Quantity

3 PREVIOUS BAR CODES ORDERED FROM:

☐ THE LIBRARY STORE

☐ OTHER VENDOR

☐ FIRST ORDER

4 BAR CODES WILL BE USED FOR:

☐ PATRON ID

☐ TITLES

5 *LAMINATED BAR CODE ORDERS ONLY* SPECIFY FINISH & COLOR:

☐ GLOSS

☐ NON-GLARE MATTE

COLOR: ______________

6 SPECIFY BAR CODE FORMAT:

☐ Code 39

☐ Codabar

☐ Follett Style "Interleaved 2 of 5"

☐ MOD-43

☐ MOD-10

7 CHECK DIGIT REQUIRED?

☐ YES

☐ NO

8 INDICATE THE SOFTWARE PACKAGE YOU ARE USING:

____

If the software has assigned your organization a 4-digit library number enter it here: ☐☐☐☐

9 ENTER HEADING INFORMATION (Up to 30 characters exactly as you want it to appear):

☐ NO HEADING INFORMATION

10 ENTER SEQUENCE NUMBERS (Library Format - up to 8 digits; Standard Format - up to 14 digits):

Sequential Start Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Check Digit ☐

Sequential Stop Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Check Digit ☐

11 PLEASE INCLUDE A SAMPLE OF YOUR CURRENT BAR CODE WITH YOUR ORDER FORM.

IF YOU ARE FAXING YOUR ORDER, ENLARGE THE BAR CODE SAMPLE TO 150% OF ORIGINAL SIZE.

Please allow 2–3 weeks for delivery.

Photocopy this page for multiple forms.

The Library Store, Inc., P.O. Box 0964, Tremont, Illinois 61568-0964

CALL: 800.548.7204 • WEB: www.thelibrarystore.com • 24-HOUR FAX: 800.320.7706

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