

Nichigai/Web Service -Application Form-

Subscribe **Trial use**

Date of Application: _____

Please read the License Agreement before initiating a subscription to the "Nichigai/Web Service".

<input type="checkbox"/> Individual license	<input type="checkbox"/> Corporate license	<input type="checkbox"/> Site license	<input type="checkbox"/> Multi-site license	<input type="checkbox"/> Consortium-license
---	--	---------------------------------------	---	---

Menu	Number of IDs to be issued and simultaneous access limit	Menu	Number of IDs to be issued and simultaneous access limit
bookplus		whoplus L1000 All fields & Limited entry times	
magazineplus		whoplus L2000 All fields & Limited entry times	
whoplus [All fields & Unlimited entry]		whoplus L3000 All fields & Limited entry times	

If you wish to connect to the database via IP address authentication, please put your IP addresses into the box below.

IP address range	
The URL after logged out (if necessary)	http://

Date of commencement : _____

Name	First name	Last name
Address # Write the address of your organization and department. # Be sure to write your home address for an individual use.	Address	
	Organization name :	Department :
	TEL. ()	FAX ()
E-mail	@	
Billing Address	<input type="checkbox"/> Above address <input type="checkbox"/> Other :	
	Organization name if different from above:	
Payment by credit card #Only for individual application	• Type of credit card : <input type="checkbox"/> JCB <input type="checkbox"/> DC <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX • Credit card No. _____ - _____ - _____ - _____ Exp. Date (MM/YY) / • Card holder _____ Signature _____	
<input type="checkbox"/> Invoices ()	<input type="checkbox"/> Written estimates ()	<input type="checkbox"/> Statements of delivery () <input type="checkbox"/> Authorized signature
<input type="checkbox"/> Date not necessary	<input type="checkbox"/> Specified form available	<input type="checkbox"/> Closing date () <input type="checkbox"/> Payment date ()
<input type="checkbox"/> Others / Remarks :		

※ Be sure to confirm and fill in all the above items.

※ Charges for the individual licenses must be paid personally and cannot be paid by organizations.

※ As for multi-site licenses, we will send the application documents separately.

Signature: _____

Nichigai Associates, Inc.

Sales Division
Suzunaka building Omori Annex, 6-16-16 Minamioi,
Shinagawa-ku, Tokyo,
140-0013 Japan
TEL. +81(0) 3-3763-5241
FAX. +81(0) 3-3764-0845
[E-Mail] online@nichigai.co.jp
[URL] http://www.nichigai.co.jp

Nichigai Associates, Inc. use only		New/Addition
【Reception seal】	Billing Date	
	Issue Date of User ID	
	Issued ID	

“nichigai web service” Multi-site license Application Form

Date of application: _____

I will apply to use the service under the terms of use specified separately.

Name of Organization		Contact Person	
-----------------------------	--	-----------------------	--

(1) Remote access from off-campus via VPN authentication methods:

<input type="checkbox"/> USE	<input type="checkbox"/> NOT USE
------------------------------	----------------------------------

(2) If remote access available, the campus over 11km distant from each other should be written below:

1	Campus		Tel
	Address		Fax
2	Campus		Tel
	Address		Fax
3	Campus		Tel
	Address		Fax
4	Campus		Tel
	Address		Fax
5	Campus		Tel
	Address		Fax
6	Campus		Tel
	Address		Fax
7	Campus		Tel
	Address		Fax
8	Campus		Tel
	Address		Fax