



## COLLECTIONS DEPOSIT FORM

**Depositor** (*Company, Institution, Community or Individual*)

If you know your Customer Number with the institution you are submitting to, please list it below.

WES#

UWO Customer Number

### Transferee Address (for New Transferees)

Street Address

City

Province

Postal Code

Country

Canada

### Billing Address (if different from above)

Street Address

City

Province

Postal Code

Country

Canada

### Contact Information

Depositor Approval

(Licensee)

Email

Tel

Depositor Contact

Email

Tel

### Transfer Details

*Information provided will form the basis of the Deposit Agreement and Price Quote.*

No. of Green Boxes  Boxes are supplied by SA prior to transfer.

Digital File Size [GB]  Amount of space required to store the collection's associated records.

Preferred date of delivery [MM/DD/YYYY]

Special considerations [condition, storage requirement, etc.]



