



# 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

## Billing Address (if different from above)

Street Address

City

Province

Postal Code

Country

## Contact Information

Depositor Approval

Email

(Licensee)

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 [YYYY-MM-DD]

Special considerations [condition, storage requirement, etc.]



