

Artfilms-Digital Application Form

Please return this form to order@artfilms-digital.com

Institution Contact

Institution Name:

Sites providing access: (If more space required please attach separate sheet)

Contact Name:

Email:

Address:

Town:

State:

Post Code:

Country:

Phone:

Fax:

Primary Email Address - This email address receives notifications:

- When a user at the institution submits a wishlist.
- When a subscription is due to expire in 60 days.
- When a subscription expires.

Primary Email:

Administrators - Administrators can:

- Login to purchase subscriptions online.
- Login to view statistics, expiration dates of subscribed videos

First Name:

Surname:

Email Address:

IP Address Ranges (eg. 192.192.*.* or 192.192.192.*)

IP Range:

IP Range:

IP Range:

If more space required please attach separate sheet

Message/ note:

EZ-Proxy String: eg. <https://ezproxy.artfilms.edu.au/login?> (Artfilms asks that the institution provides us with the EZProxy String so that embedded/shared videos go through the proxy server to ensure they can be viewed both on and off-campus.)

EZProxy String:

Payment will be by (underline or circle): Credit card PayPal Bank Transfer PO Ref: _____