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# **Product Order Form**

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ftbend WSR271282 11/20/2017

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(978) 356-6500 (800) 653-2726 **Fax:** (978) 356-5640 information@epnet.com

Purchasing Customer FORT BEND CO LIBRARIES 1001 GOLFVIEW DR RICHMOND, TX, 77469-5199 USA

Contact:
Teresa Thiim
(281) 633-4746
tthiim@fortbend.lib.tx.us

Billing Address FORT BEND CO LIBRARIES 1001 GOLFVIEW DR RICHMOND, TX, 77469-5199 USA

Your invoice will be sent to: Teresa Thiim tthiim@fortbend.lib.tx.us

Product Name	Begin Date	Expire Date	Price
database package			\$51,244.00
History Reference Center	02/01/2018	01/31/2019	
NoveList Plus	02/01/2018	01/31/2019	
NoveList Select sold by POLARIS (Non-Direct)	02/01/2018	01/31/2019	

Total: \$51,244.00
The above excludes all applicable tax
Currency: US Dollar

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Authorized Signature:	Date:
Print Name:	Title:

Please sign, scan and email this form to: ARIELE PAPPALIMBERIS at arpappalimberis@ebsco.com

Thank you for your business!

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October 15<sup>th</sup>, 2017

**RE: Sole Source Statement** 

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Sincerely, Ariele Pappalimberis

Ariele Pappalimberis Account Executive EBSCO Information Services arpappalimberis@ebsco.com



# **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2017-283781					
	EBSCO Information Services	L					
2	Birmingham, AL United States  Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 11/14/2017					
4	being filed.						
	Fort Bend County	Date .	Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify	the co	ontract, and pro	vide a			
-	description of the services, goods, or other property to be provided under the contract.						
	13140 EBSCO Database						
4		Nature of interest					
_	Name of Interested Party City, State, Country (place of busin	ess)	<del></del>	oplicable)			
			Controlling	Intermediary			
5	Check only if there is NO Interested Party.		<u> </u>				
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is tru	e and correct.			
	O CHOER 23 TO O						
	Clut X_M						
Signature of authorized agent of contracting business of AFFIX NOTARY STANDS ASHURBOVE							
	AFFIX NOTARY STAND SECULIA OVE						
		ic.	* 1	Comal . a. c			
	Sworn to and subscribed before me, by the said Clint Rumble , this the 15 day of Nevember.						
	20_1 /, to certify which, witness my hand and seal of office.						
	Manageret Matook Admin	dva-	tive Ausist	ant			
١			officer administer	ring oath			
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