

Preston Medical Library Subscriber Agreement

Firm Name if applicable: _____

Subscriber (individual) Name: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

The individual listed above as "subscriber" has the primary liability for all fines, penalties and other charges that result from the violation of the Preston Medical Library's lending policies. Signature indicates an understanding of the services offered and a responsibility for any additional fees accrued.

Signature: _____

Date: _____