

Zip Book Request

Customer Name (last, first) _____

Customer ID: _____ **Date:** _____

Phone: (_____) _____ **E-mail:** _____

Address: _____

Title _____ **Author(s)** _____

Format: _____ **Print** _____ **Audio** _____ **Large print** **Staff initials:** _____

-----Fill in below as applicable-----

Item _____ **Price** _____

Date ordered: _____ **Staff initials:** _____

Item return date/staff initials: _____ **Notes:** _____

Returned item was: _____ **Added to collection** _____ **Donated to Friends** _____ **Sold to customer**
_____ **Other (explain)** _____

Category:

_____ Adult Fiction

Bestseller? _____ Yes _____ No

_____ Adult Non-Fiction

Bestseller? _____ Yes _____ No

_____ Young Adult Fiction

Bestseller? _____ Yes _____ No

_____ Young Adult Non-Fiction

Bestseller? _____ Yes _____ No

_____ Foreign Language Fiction

Language: _____

_____ Foreign Language Non-Fiction

Language: _____

_____ Children's Fiction

_____ Children's Non-Fiction

_____ Other (please list) _____
