



Oniqua Standards Dictionary (WebOSD) Order Form

Company Details (Please complete)

Organization:	
Street Address:	
Postal Address:	
Telephone:	Fax:
Website:	Email:

OSD Contact and Key User Details Please fill out the names and contact details for your key users of the OSD software:

User Types: Cataloger = General User - can view and query Item data
 Cataloger Lead = Supervisor/coordinator - who can view and query Item data and maintain Item configuration.
 License Administrator = Supervisor/coordinator - who can view and query Item data and receives License renewal notices.

Primary Contact – Key User 1 (Please Tick User Type):- <input type="checkbox"/> Cataloger <input type="checkbox"/> Catalog Lead <input type="checkbox"/> OSD License Administrator	
Name: (First name, Last name)	
Position:	
Email Address:	
Ph:	Mobile:
KEY USER 2 - (Please Tick User Type):- <input type="checkbox"/> Cataloger <input type="checkbox"/> Catalog Lead <input type="checkbox"/> OSD License Administrator	
Name: (First name, Last name)	
Position:	
Email Address:	
Ph:	Mobile:
KEY USER 3 - (Please Tick User Type):- <input type="checkbox"/> Cataloger <input type="checkbox"/> Catalog Lead <input type="checkbox"/> OSD License Administrator	
Name: (First name, Last name)	
Position:	
Email Address:	
Ph:	Mobile:
KEY USER 4 - (Please Tick User Type):- <input type="checkbox"/> Cataloger <input type="checkbox"/> Catalog Lead <input type="checkbox"/> OSD License Administrator	
Name: (First name, Last name)	
Position:	
Email Address:	
Ph:	Mobile:
KEY USER 5 - (Please Tick User Type):- <input type="checkbox"/> Cataloger <input type="checkbox"/> Catalog Lead <input type="checkbox"/> OSD License Administrator	
Name: (First name, Last name)	
Position:	
Email Address:	
Ph:	Mobile:

WebOSD Annual Subscription License Options

Item Description	QTY of Licenses	QTY of Years	Cost Ex GST	GST (AUS Only)	TOTAL
<input type="checkbox"/> 1 x Primary Named User License	N/A		\$1250.00	\$125.00	
<input type="checkbox"/> Additional Named User Licenses			\$812.50	\$81.25	
	GRAND TOTAL				

Payment Details

Date of Purchase: ____ / ____ / 20____

Credit Card Cheque Purchase Order: (For Invoicing) PO# _____

Credit Card Details

I hereby authorize Oniqua Pty Ltd to charge my Credit Card for the total sum of \$_____.

Card Type: (please circle) Visa / MasterCard / Amex

Card Holder's Name: _____

Card Number:

Expiry Date: /

Card Holder's Signature: _____

Terms and Conditions

- Payment Terms 14 days from Date of Invoice
- All payments need to be received BEFORE the Conference commences.
- For the Cancellation Policy – please visit the Oniqua website.

OFFICE ADMIN ONLY:

Start Date: / /

End Date: / /

Date Processed:

Signed:

For further information or questions regarding product information and payment/product options please contact:

ONiQUA P: +61 7 3369 5506 F: +61 7 3369 6772

Email: salesteam@oniqua.com