Florida Library Delivery Service
Participation Agreement

By signing and submitting this form, the institution identified below agrees to participate in the Florida Library Delivery Service and adhere to all requirements as outlined here, including the following:

- **To cover 40% of our annual shipping costs and pay invoices in a timely manner.**
- **Make best efforts to avoid additional handling fees.**
- **File claims with the Division of Library and Information Services.**
- **Provide a primary contact for the service to be listed in the FedEx address book.**

Please return to cathy.moloney@dos.fl.gov. **This agreement is subject to signing every three years.**

Institution

Library Name: _____

Director: _____

Address: _____

Address 2: _____

City: _____ **Zip:** _____

ILL point of contact

Name: _____

Email: _____

Phone number: _____

Signed: _____ Date: _____
Institution/Library Director

Signed: _____ Date: _____
State Librarian/Division Director

Invoices

Will another organization be paying your shipping costs? Yes _____ No_____

If yes, which organization? _____

Signed: _____ Date: _____
Paying organization