



Oniqua Standards Dictionary (WebOSD) Order/Update Form

Company Details (Please complete)

Organization:	Date of Submission:
Street Address:	
Postal Address:	
Telephone:	Fax:
Website:	Email:

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

User Types:

Cataloger Lead - Supervisor/coordinator – as per Cataloger and maintain OSD configuration
(Single user defaults to Cataloger Lead)

Cataloger - can perform routine cataloguing tasks including query item classifications and create item descriptions

(Note: - One Cataloger Lead is recommended to ensure consistency and coordinated changes to the item configuration)

Primary Contact – (Please Tick User Type):- <input type="checkbox"/> Cataloger Lead <input type="checkbox"/> Cataloger / <input type="checkbox"/> Update <input type="checkbox"/> Remove	
Name: (First name, Last name)	
Position:	
Email Address:	Ph:
Cataloger – (Please Tick User Type):- <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove	
Name: (First name, Last name)	
Position:	
Email Address:	Ph:
Cataloger – (Please Tick User Type):- <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove	
Name: (First name, Last name)	
Position:	
Email Address:	Ph:
Cataloger – (Please Tick User Type):- <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove	
Name: (First name, Last name)	
Position:	
Email Address:	Ph:

WebOSD Annual Subscription License Options

Item Description	QTY of Licenses	QTY of Years	Cost Ex GST	GST (AUS Only)	TOTAL
<input type="checkbox"/> Primary Contact - Cataloger Lead License*	1		\$1250.00	\$125.00	
<input type="checkbox"/> Additional Cataloger License(s)			\$812.50	\$81.25	
	GRAND TOTAL				

* Mandatory requirement for initial setup

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 access is activated.
- 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: webosd@oniqua.com