



## CATALOGING PREFERENCE FORM

**Contact Information:**

Library/School: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please indicate your shipment option:**

Because OCLC will deliver your MARC records directly to you, please let us know how you would like to receive your books. (Please note: there is no additional charge for separate shipments.)

|  |                          |
|--|--------------------------|
| Ship my books when all MARC records are delivered to me by OCLC. | <input type="checkbox"/> |
| Ship my books regardless of MARC record delivery status.         | <input type="checkbox"/> |

Please check if the *Cataloging Specification Form* has been faxed to OCLC.

**Other Instructions or comments:****Please fax or mail this form to:**

Tsai Fong Books, Inc. 3711 Briarpark, Suite #200, Houston, Texas 77042

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