

# Nichigai Reference Collection -Application Form-

**Subscribe to the service**     **Trial**

Date of Application: \_\_\_\_\_

Please read the License Agreement before application for the "Nichigai Reference Collection".

Menu	Concurrent Sessions / IDs	Menu	Concurrent Sessions / IDs
Library Science/ Reference Service		Contents List of Collected Works	
Catalog of Translated Books		Japanese Literature	
Biography Index, plus		Foreign Literature	
WHO was WHO		Cildren's/YA Literature	

※ Please fill up the number of concurrent sessions into the box above. The standard is 3 accesses.

If you wish to connect to the database via IP address authentication, please put your IP addresses into the box below.

IP address range	
The URL after logged out ( if necessary)	https://

**Date of Commencement :** \_\_\_\_\_

Name	First name	Last name
Address	Address	
# Write the address of your organization and department.	Organization name :	Department :
E-mail	TEL. (      )      FAX. (      )	
Billing Address	@	
	<input type="checkbox"/> Above address <input type="checkbox"/> Other :	
	Organization name if different from above:	
<input type="checkbox"/> Invoices (    )	<input type="checkbox"/> Written estimates (    )	<input type="checkbox"/> Statements of delivery (    ) <input type="checkbox"/> Authorized signature
<input type="checkbox"/> Date not necessary	<input type="checkbox"/> Specified form available	<input type="checkbox"/> Closing date (      ) <input type="checkbox"/> Payment date (      )
<input type="checkbox"/> Others / Remarks :		

※ Be sure to confirm and fill in all the items above.

※ As for Remote Access use, please fill up the back side of this form.

Signature: \_\_\_\_\_

**Nichigai Associates, Inc.**

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 140-0013 Japan  
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Nichigai Associates, Inc. Use Only	New/Addition	
【Reception seal】	Invoice Date	
	Issue Date of User ID	
	Issued ID	

# "Nichigai Reference Collection" Remote Access use Application Form

Date of application: \_\_\_\_\_

I will apply to use the service under the terms of use specified separately.

<b>Name of Organization</b>		<b>Contact Person</b>	
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**(1) Remote Access from off-campus via VPN authentication methods:**

<input type="checkbox"/>	USE
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**(2) Please fill in the IP address for remote access from off-campus below:**

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**(3) Please fill in the system adopted for remote access from off-campus below:**

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