NICHIGAI/WEB Service   -Application Form-

☐ **Subscribe to the service**   ☐ **Trial**   Date of Application: _____

Please read the License Agreement before application for the "NICHIGAI/WEB Service".

☐ Individual License   ☐ Academic License

Menu	Cncurrent Sessions / IDs	Menu	Cncurrent Sessions / IDs
BookPlus		WhoPlus L1000 〈Upper limit plan to 1000〉	
MagazinePlus		WhoPlus L3000 〈Upper limit plan to 3000〉	
		WhoPlus 〈Unlimited plan〉	

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 # Write the address of your organization and department. # Be sure to write your home address for an individual use.	Address Organization name : Department : TEL. ( ) FAX ( )
E-mail	@
Billing Address	☐ Above address ☐ Other : Organization name if different from above:
Payment by Credit Card #Only for individual	・Type of credit card : ☐JCB ☐DC ☐VISA ☐MASTER ☐AMEX ・Credit card No._____ — _____ — _____ Exp. Date（MM/YY） ／ ・Card holder _____ Signature _____

☐ Invoices (   )   ☐ Written estimates (   )   ☐ Statements of delivery (   )   ☐ Authorized signature

☐ Date not necessary   ☐ Specified form available   ☐ Closing date（   ）   ☐ Payment date（   ）

☐ Others / Remarks :

※ Be sure to confirm and fill in all the items above.
※ Charges for the Individual Licenses must be paid personally and cannot be paid by organizations.
※ As for Remote Access use, please write up an application form separately.

Signature:_____

Nichigai Associates, Inc.

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

" NICHIGAI/WEB service" Remote Access use Application Form

Date of application: _____

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

Name of Organization		Contact Person	

(1) Remote Access from off-campus via VPN authentication methods:

☐	USE

(2) Please fill in the IP address for remote access from off-campus below:

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