



PA Tourism & Lodging Association
Library & Resource Center
REQUEST FORM

Date Item Borrowed			
Name of Borrower			
Hotel/Company			
Telephone Number			
Title of Item Borrowed			
Author		Pub. Date:	
Publication Format		Code:	
CHARGES:			
TOTAL CHARGES:			
DEPOSIT/PAYMENT INFO:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	
	<input type="checkbox"/> American Express	<input type="checkbox"/> NOVUS/Discover	
Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date:	<input type="text"/>	<input type="text"/>	
Billing Address for above credit card:	_____		

Borrower's Signature	_____		