

Cataloguing Information Form 2017

_____ MARC Records: 0 0 0 0 0 0 0 0 . FREE!
*Our standard enhanced records via web download ***
E-mail address required*

E-mail Address: _____

Cataloguing Software Name: _____

MARC Record Format (see specifications below)

_____ MARC 21 (852 Holdings - file name Microlif.001)

_____ MARC 21 (949 Holdings - file name Microlif.001)

MARC 21 Holdings

Our standard specifications are listed below. If your library has different requirements, please write your specific subfields beside the corresponding description.

852

a main agency (if needed)
b school code (if needed)
h call number
i cutter
k call number prefix (if needed)
p barcode
9 price

949

b barcode
c call number prefix (if needed)
d call number & cutter
m main agency (if needed)
n school code (if needed)
p price
s supplier

Subject Heading Specification

_____ Library of Congress (*standard*)

_____ Sears

Additional Cataloguing Components

Spine Labels

_____ \$0.10 each

Spine Label Options

Individual Biographies

_____ 92 (*standard*)

_____ 921

_____ B

_____ BIO

_____ Dewey by Subject

Fiction

_____ FIC (*standard*)

_____ F

_____ Fic

Cutter specification

_____ 3 main entry letters . All letters capitalized (*standard*)

_____ 3 main entry letters . Initial letter capitalized

_____ Author's full last name - All letters capitalized

_____ Author's full last name . Initial letter capitalized

Spine Label Prefix (if required)

_____ J above Call Number

_____ J beside Call Number

J
636.1
HOL

J636.1
HOL

Barcode Labels

_____ \$0.10 each

Please provide the following information.

1) Barcode Symbology**

_____ Interleaved 2 of 5 _____ CPlus Interleaved 2 of 5

_____ 3 of 9 (Code 39) _____ Codabar

Code 3 of 9 (13 plus check digit **)

_____ mod 10 (numeral) or _____ mod 43 (character)

Codabar (13 plus check digit **)

_____ mod 10 (numeral) or _____ mod 16 (character)

**If unsure, please obtain the correct symbology from your system support or software provider.

2) Barcode Start Number

Number of labels per book _____

3) Library or School name to appear on label: (max. 30 characters)

School/Library Name: _____

Phone Number: _____

Contact Person: _____

E-mail Address: _____

Please allow 3-5 weeks for delivery of processing orders.
All information will be kept on file for future orders.

Please direct any inquiries to cataloging@LibraryFriendly.com

*** Further customization services are available.



P.O. Box 3127
Mankato, MN 56002
1-866-535-0004
1-866-893-4789 (fax)