

Quarterly Market Summary Order Form And Agreement

Fax To: (516) 706-3162

FAX-BACK to (516) 706-3162

From: _____

Company: _____

Phone: _____

Comments: _____

Credit Card Information:

Your personal information is placed on this cover sheet, securely FAXed, and then removed and destroyed for your protection.

| | | | |
|--|---------------------------|-----------------------------|------------------------------|
| | | | |
| Cardholder Name (as is appears on your card) | | Cardholder Signature | |
| | | | |
| Card Billing Address | | | Card Billing Zip Code |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | | | |
| | | | |
| Payment Method | Credit Card Number | Exp. Date | Code |

