

Order/Delivery Information

first name _____

last name _____

address _____

city _____ st _____ zip _____

phone # _____

e-mail addr _____

DELIVERY METHOD : Enter either e-mail
your fax number or write 'postal service'

_____ name as you would like it to appear atop page 1:

Enter a title to appear below your name of leave
blank

_____ additional information for newsletter inclusion:

phone # _____

fax # _____

pager # _____

e-mail addr _____

cell phone # _____

Monthly Only: Would you like the newsletter to be a
mailer (room for postage and a label) or non-mailer?

_____ Enter address to appear on newsletter or return address
for mailer type monthly newsletter if different:

_____ Do you want to use company logo and your photo?

logo: Yes / No Photo: Yes / No

Do you have a personal or company slogan to use?
(Enter suggest if you would like us to suggest one)

_____ Any additional information for us or newsletters?

For Mail or Fax ordering:

Please download the price sheet from the web site, circle your choice of newsletters and the appropriate pricing (discounted pricing is for automated monthly credit card billing only) and mail or fax along with your payment or the completed credit card or checking account debit authorization form. Thank you.

P.O. Box 834 • Novato, CA 94948 • (415) 898-4130 • Outside (415) dial (800) 273-9995 • Fax (415) 704-3159

Charge Card or EFT Checking Transfer Authorization

This is my authorization to allow the Financial News & Information Service to periodically charge the cost of my newsletters to my MasterCard, Visa or American Express charge card or do a regular Electronic Funds Transfer from my checking account. This authorization is limited to the cost of my newsletters plus any sales taxes as required (Ca only) to be lawfully collected (e-mail delivery currently exempt from sales tax in CA) in conformity with the agreed upon price and frequency.

This authorization is limited to charges for newsletters only, at the exclusion of all else. I understand that this blanket authorization does not, in any way, waive my rights to dispute any charges that I feel are beyond the scope of this authorization.

Name as it appears on account * _____

statement street address * _____

City/State of statement address * _____

Zip code of statement address * (*Required for ALL transactions)

Either Credit Card# _____

Card Expiration Date (MM/YY)

Signature for Charge Card _____ Date _____

(The ABA # and account # will be found between the corresponding symbols.)

Or Bank ABA number

Checking Account Number

By submitting this form (Electronic Funds Transfer from my checking account) I authorize you and my financial institution to initiate a debit entry to my bank account appearing on this form. This authorization is for a single entry and may only be resubmitted if the original entry is returned by my financial institution.

Signature for EFT _____ Date _____

If you select our automated payment plan (with the discounted pricing), your credit card or checking account will automatically be billed every month. This agreement may be withdrawn by either party at any time with the understand there may be a few days lead time to cancel the automated charge. Where necessary, credits to charge cards or refund checks will be issued to you.