



California Bankers Association

ABA PRODUCT ORDER FORM

PURCHASER INFORMATION	Name					
	Title					
	Bank/Company					
	Street Address					
	City		State		Zip	
	Phone		Fax			
	E-mail					
PRODUCT SELECTION	Title	Catalog #	Quantity	Unit Price	Subtotal	
Product Total						
(Check for your local rate) Sales Tax						
(See below) Shipping & Handling Fee						
GRAND TOTAL						
SHIPPING & HANDLING	Shipping & Handling Fees					
	<p>Standard Two Cents (\$.02) per dollar of Product Total, with a minimum charge of \$7.50.</p> <p>Two Day Orders received by 12:00 PM ET only. 19% of Product Total, in addition to regular shipping/handling charge.</p>					
	<p>Mail or fax your completed form to:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Paying by Check Remit Payment to: California Bankers Association Attention: John Lingvall Lockbox Dept. 44767 P.O. Box 44000 San Francisco, CA 94114-4767 (Also Fax copy of order form to John Lingvall (916) 438-4328 to expedite your order.)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Paying by Credit Card Fax Information to: John Lingvall (916) 438-4328</p> <hr/> <p>For more information</p> <p>Call John Lingvall (916) 438-4428 or e-mail jlingvall@calbankers.com</p> </td> </tr> </table>					<p>Paying by Check Remit Payment to: California Bankers Association Attention: John Lingvall Lockbox Dept. 44767 P.O. Box 44000 San Francisco, CA 94114-4767 (Also Fax copy of order form to John Lingvall (916) 438-4328 to expedite your order.)</p>
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PAYMENT METHOD	<input type="checkbox"/> Check Enclosed \$ _____ Charge \$ _____ to my:		<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	
	Card Number: _____			Expiration: _____		
	Zip + 4: _____					
	Signature: _____					