



CALIFORNIA BANKERS ASSOCIATION

# IDENTITY THEFT BROCHURE ORDER FORM

## QUANTITY DESIRED (PLEASE CHECK ONE):

- |                                |                                |                                |                                 |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> 1,000 | <input type="checkbox"/> 2,500 | <input type="checkbox"/> 5,000 | <input type="checkbox"/> 10,000 |
| \$620                          | \$1,550                        | \$3,100                        | \$4,430                         |



Bank/Firm \_\_\_\_\_

Mr./Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

For any questions, please contact Elizabeth Freeman at 916/438-4413 or [efreeman@calbankers.com](mailto:efreeman@calbankers.com)

Send check/payment to:  
**CALIFORNIA BANKERS ASSOCIATION**  
 1303 J STREET, SUITE 600  
 SACRAMENTO, CA 95814-2939  
 ATTN: ELIZABETH FREEMAN  
 T: 916/438-4413  
 F: 916/438-4313  
 E-MAIL [efreeman@calbankers.com](mailto:efreeman@calbankers.com)

### PAYMENT INFORMATION

- Check made payable to California Bankers Association
- Credit Card: Charge \$ \_\_\_\_\_ to my  Visa  MC  American Express

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Exp.				
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Cardholder's Name \_\_\_\_\_

Zip+4 \_\_\_\_\_

Signature \_\_\_\_\_

BC# _____	3089-000000 _____
	2020-000000 _____
CK# _____	Amt _____ Date Iss _____
Corp /Pers _____	Date Dep _____ By _____
Pkey _____	Conf Sent _____
Fkey _____	Canceled By _____
Date _____	Can. Date _____
Can _____	
R/B Date _____	

CBA Use Only