ORDER FORM	CUSTOMER NUMBER SUFFIX																			
for NON-PERSONALIZED COUPONS			T			Ť					_									
BANK-A-COUNT CORPORATION	L															G				
P O Box 167 1666 Main St Rudolph WI 54475-0167																				
Phone (715) 435-2017 FAX (715) 435-4616		ring Yo					_		ć.,											
Optional Products	in mind	our coupor	re ta	iloring	all b	ľack	print	ng to	your	need	ds an	d the p	reprin	ted box	nt to k kes in	teep blue,				
POSTAGE REQUIRED Reply Envelopes PORTAGE POSTAGE POSTA		or burgundy				-									-					
Yes, Provide 12 reply envelopes when mailing books.	inserts	e specific wo or other fo	rmatt	ing no	ot cov	erec	d on t	his fo	rm.	ques	is yo	и ппау	nave,	such a	s iase	reu				
Protective Jackets															PAYI	MENT				
Yes, Provide each book with	1)-	pied ei	SMENT.	20	Unit#	101						7			00)1				
a protective jacket to protect it from damage.		pi .	MANAG	12345-2345	Naı	me							DATE 11-02	AMO	UNT DUE					
-		Amount Pe	%ABC MANAGM		IMPORTAN			E THIS COL	PON WITH Y	YOUR PAY	MENT TO:	LAT	FEE C	F \$10.0						
1) Boxed Individual Info or Text		, '	, c	ITY USA		% A		NAGE PECT					HOF MO	TER TH	E					
Choose a stock "boxed" image with or without sequential numbering or design up to 5 lines of text for the individual		Check Nu	PLAZA 20 PO BOX 12	ANYC		YOU	JR TO	WN US	A 1234	15										
payer information to be completed by the person making the payment.			1	1	1	ADDI	TIONA	L MES	SAGE	PRIN [*]	TS HE	RE								
unit#					(3)	(2	?)												
A. Name																				
	Name and Address of Payee (Name & Address to which remittances should be addressed)																			
B. Address	Γ																			
ä C. Acct #																				
CL C Name Sequential Number Here.													_							
Sequential Number Here.										ı			-							
Name Name								S	tate	,	9	Digi	t Zip	Cod	е	•				
Unit# Sequential Number Here.		▲ Not	e: If	a pic	ture i	is s	elect	ed be	elow,	you	can	not ເ	se th	e firs	t					
E. Address		thre	e p	ositio	ons c	of ea	ach (of the	e fou	ır lin	ies a	bove								
Any 9 char. followed		3) Stoc): a.t.			Г			44								
by seq. number here.				a Sto one			ire b	У	9				7							
Name		c	usto	m Lo	go (c	all f	or de	etails) [<u> </u>			0.1				
OR You may enter custom text here (1 line of 15 char & 4 line	es of]							7							Form-Non-Personalized-02				
30 char). Enter a line "" in the middle of the box if you wunderlining.	ant						E	4	II ⊨	Ŀ	L.	1				rsonal				
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										C OMMUN ASSOCIATI INSTITU	IITY IONS TE		_			Order				
		If nee	ding	more	than	one	payn	nent a	mour	nt; su	ich a	s 50 bo	oks a	t \$125	and 1					
		books at \$150; make copies of the bottom portion and attach to this form. A min. of 25 books per payment amount with a total order of 50.																		
COUPON COLOR # of Coupons in Book									Date	e of F	irst (Coupo	<u> </u>							
(circle one)		ment Am	oun	t						,		,		ontor "	00/00/0	oo" if				
Blue Green Burgundy ————————————————————————————————————		enter 0 if amount should be blank on cpns									MM DD YY enter "99/99/99" if dates should be blank on coupons									
	Com	plete onl	v if	ontie	n D	E-c	r E	s se	ecte	d ab	ove	for_B	oxed							
# of Blank Books Freq. of payment if not monthly		piete Oill	· - 112	Sprio	,,			3-316					<i>-</i>	-menv		5 digits				
	OPTION			upto	9 Ch	ar t	nrin		OPTION	ॐ Ш					allowe					
(min. 50 required)	Ō	be	fore	seq. n	umbe	ering			Ö	<u>ה</u>	St	art Sed	uentia	l #		lowed.				