

PLACE YOUR NEW DIRECTORY OF ILLINOIS FINANCIAL INSTITUTIONS ORDER: *PRINT, ONLINE OR CSV*

Mail this form to:

6750 Antioch Rd., Ste. 110
Merriam, KS 66204

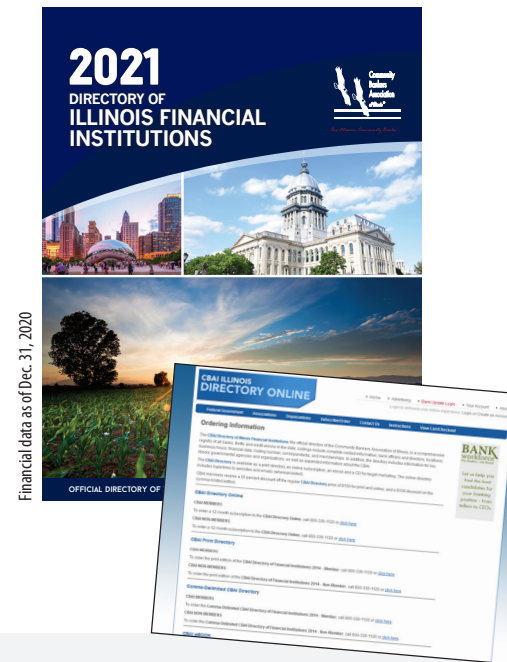
Call or Fax this form to:

Call: 800-336-1120
Fax: 913-261-7010

Order online:

cbaidirectoriesonline.com
bankbeat.biz

Important Note: CBAI members receive one complimentary print directory.
Use this form for additional print copies, online subscription or CSV format.



No. Copies (Directory ships June 2021)

Amount

2021 Directory of Illinois Financial Institutions (Print)

CBAI Member: \$55 each plus S&H

CBAI Nonmember: \$110 each plus S&H

Print + 12-month Online subscription(s)

CBAI Member: \$82.50

CBAI Nonmember: \$165

___ Start subscription now

___ Start when print available

12-month subscription(s) to the Online

Directory of Illinois Financial Institutions (per person)

CBAI Member: \$55

CBAI Nonmember: \$110

___ Start subscription now

___ Start when print available

2021 Directory of Illinois Financial Institutions

Downloadable CSV Format

(CBAI Member: \$350)

(CBAI Nonmember: \$450)

S&H charges for print only:

1 copy \$11.99

2-3 copies \$17.99

4-7 copies \$20.99

8-11 copies \$23.99

12-15 copies \$26.99

16-19 copies \$30.99

20-25 copies \$34.99

Over 25, please call for rates.

TOTAL AMOUNT

Shipping & Handling

Subtotal

Tax — KS residents only

9.225% of subtotal

TOTAL DUE

Name _____

Ordered by _____

Company name _____

Street address _____

P.O. Box _____ P.O. Box Zip _____

City _____ State _____ Zip _____

Phone number _____

Fax number _____

E-mail address _____

Charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card number _____ Exp. date _____

Name on card _____

Signature _____

Bill me _____ Check enclosed for \$ _____ (Please include shipping and handling and applicable sales tax in your total.)

I authorize NFR Communications to continue to communicate with me via mail, fax and/or e-mail regarding professional development, industry news and information, along with announcements and other services.

Signature _____

Date _____

