BZ Media

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BZ RESEARCH
REPORT ORDER FORM

INDIVIDUAL REPORTS

Number	Name	Price
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
_____	_____	US$_____
	REPORT SUBTOTAL	US$_____
	SUBSCRIPTION SUBTOTAL	US$_____
	ORDER TOTAL	**US$_____**

DELIVERY INFORMATION

Reports will be sent to you via e-mail.

E-mail address:_____
(please print clearly)

Optional: Phone number _____
(if there are questions about your order):

PAYMENT INFORMATION

( ) Check enclosed. Send to BZ Research, BZ Media LLC
7 High Street, Suite 407, Huntington, NY 11743

( ) Charge my credit card. You can mail the form to the address above, or fax to +1-650-745-7111.

Card Type: ( ) Visa ( ) Mastercard ( ) Amex

Card number: _____

Expiration date: _____

Name on card: _____

Billing ZIP code: _____

By my signature, I agree to pay the amount shown according to my cardholder's agreement.

Signature: _____

Date of order _____

(form revised 11/15/2005)