

## Delphis Hanover Corporation Data Points Order Form

Please complete this form, sign and date it and fax it to us at 203-262-1865

Make sure entries are printed clearly.

|  |  |                            |           |             |  |
|--|--|----------------------------|-----------|-------------|--|
| <b>Company Name:</b>                   |  |                            |           |             |  |
| <b>Contact Name:</b>                   |  |                            |           |             |  |
| <b>Department:</b>                     |  |                            |           |             |  |
| <b>Billing Address:</b>                |  |                            |           |             |  |
|  |  |                            |           |             |  |
| <b>City:</b>                           |  | <b>State:</b>              |           | <b>Zip:</b> |  |
| <b>Telephone:</b>                      |  |                            |           |             |  |
| <b>Fax:</b>                            |  |                            |           |             |  |
| <b>E-mail:</b>                         |  |                            |           |             |  |
| <b>Data Period:</b>                    | <b>From</b>  |                            | <b>to</b> |             |  |
| <b>Maturity Year(s):</b>               |  |                            |           |             |  |
| <b>Rating Column(s):</b>               |  |                            |           |             |  |
| <b>Sampling Frequency:</b>             |  |                            |           |             |  |
| <b>Price:</b>                          | <b>\$25 per request plus \$0.15 per data point</b> |                            |           |             |  |
| <b>Payment Method<br/>(Check One):</b> | <b>Visa</b>  | <b>Mastercard</b>          |           |             |  |
|  | <b>American Express</b>                            | <b>Discover</b>            |           |             |  |
| <b>Name on Credit Card:</b>            |  |                            |           |             |  |
| <b>Credit Card Number:</b>             |  |                            |           |             |  |
| <b>Credit Card Expiry:</b>             |  | <b>Authorization Code:</b> |           |             |  |
| <b>Signature*:</b>                     |  |                            |           |             |  |
| <b>Date:</b>                           |  |                            |           |             |  |

\* Note that signing this form constitutes acceptance of our terms and conditions. These are listed below and on the world wide web at [www.delphishanover.com/CashSignup.html](http://www.delphishanover.com/CashSignup.html) - printed copies available on request.