



CIF # _____

Date: _____

To: **I.D.B. – NY**

From: _____

Re: Acct. # _____ i/n/o/ _____

Please issue the following for the account number indicated above:

<input type="checkbox"/> Checks	}	Quantity _____
<input type="checkbox"/> Checkbooks		

Non-printed title Printed title

and forward at customer expense

Via: *(select one)* Registered Mail* Express Mail Courier
(* For U.S. addresses only)

to: Mailing address on record

CUSTOMER'S SIGNATURE
(or source of instructions)

SIGNATURE VERIFIED