

BORROWER GUIDE TO CMBS ORDER FORM

Please fax completed Order Form to CMSA at (212) 509-1895

SHIPPING ADDRESS:

First Name Last Name

Company

Street Number/ Name

City State Zip

Phone Fax E-mail

QUANTITY: *Complimentary Copy to CMBS Borrowers - No Fee*

- | | Cost |
|--|----------------------|
| <input type="checkbox"/> 25 complimentary copies per Member Company | <u>no fee</u> |
| Additional Copies: \$50 per 100 copies | |
| <input type="checkbox"/> Please indicate quantity _____ (x \$50 per 100) | |
| | Shipping <u>free</u> |
| | TOTAL \$ _____ |

Please allow 10-14 working days to process and receive your order.

PAYMENT METHOD:

- I authorize you to charge my credit card:

Please circle: Visa[®] MasterCard[®] Discover[®] American Express[®]

Credit card account number Expiration Date 3 digit Security Code

Signature as it appears on the card Billing Zip Code

For any questions, please contact Laura Baran at laura@cmbs.org or (212) 589-0962.



**COMMERCIAL MORTGAGE
SECURITIES ASSOCIATION**