

Old Company/ RM Smythe Research ORDER FORM – Mail and Fax Direct Line 703-787-3552 Fax-703-995-4422

Satisfaction Guarantee - No Hassle Return Policy









Name			
Address			
City	State	Zip	
Phone Number _		Email	
-	y, Please Pro	ovide the Follo	owing information:
1) Company #1			
2. State of	Incorporation	on	
3. Year of I	ncorporatio	n, if available_	
5. Date cer	tificate was	issued	
2) Company #2			
1. Full Con	npany Name)	
State of	Incorporation	on	
Year of I	ncorporatio	n, if available_	
4. Par Valu	e of Stock, i	if available	
5. Date cer	tificate was	issued	
3) Company #3			
1. Full Con	npany Name	<u> </u>	
2. State of	Incorporation	on	
3. Year of I	ncorporatio	n, if available	
Date cer	tificate was	issued	

4) Company #4 1. Full Company 2. State of Incorp 3. Year of Incorp 4. Par Value of S 5. Date certificate	ooration oration, if av tock, if avail	vailable_ lable			_			
5) Company #5	Namo							
1. Full Company								
State of Incorporation Year of Incorporation, if available								
4. Par Value of Stock, if available								
5. Date certificate was issued								
6) Company #6								
6) Company #6 1. Full Company	Name							
2. State of Incorp								
3. Year of Incorporation, if available								
Par Value of S								
Date certificate	e was issue	d						
7) Company #7								
1. Full Company	Name							
2. State of Incorp	oration							
1. Full Company Name 2. State of Incorporation 3. Year of Incorporation, if available								
4. Par Value of Stock, if available 5. Date certificate was issued								
5. Date certificate	e was issue	a						
Cost # of Companies to	be research	L	_ x \$49.9	5 = \$		<u> </u>		
Mail or Fax To:	Credit Card Information							
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