



800/733-1365 DIY Reserve Study Kit Order Form Date:

Association Information

Assoc. Name: _____
 Physical Address: _____
 City: _____ ST _____ Zip _____
 # of Units/Lots: _____ Fiscal Year End: _____
 Management: Professional: _____ Self
 How did you hear about us? Association Manager _____
 Ad in _____ Direct Mail Referred by _____
 Other _____

Order Information

Client Name: _____
 Billing Address: _____
 City _____ ST _____ Zip _____
 Day Telephone () _____
 Deliver Kit via: mail email: _____

Payment Information

Check # _____ or
 Credit Card Visa Mastercard Amex Expiration Date _____ CVV2 code _____
 # _____ Amount \$ _____

**Return via FAX or mail to:
 Association Reserves, Inc.
 P.O. Box 8637, Calabasas, CA 91372
 FAX: (800) 733-1581**