

UNIFORM BANK PERFORMANCE REPORT

Ordering Form

Completed order should be sent to:

Contact Person: _____
Name: (Bank or Company): _____
Street Address: _____
P.O. Box: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Date Ordered: _____

For FDIC Use Only!

Log Number: _____
Date Received: _____
Dollar Amount: _____
Date Entered: _____
Date Mailed: _____
Processed By: _____
Requestors ID: _____
Master Order No: _____

Complete the appropriate columns indicating the UBPR Products desired. Please make certain to remit the exact dollar amount as nominal overpayments are nonrefundable and underpayment will delay shipment of your request. Refunds will only be made in the event of cancellation of an order or product unavailability. Please make checks payable to:

Federal Financial Institutions Examination Council (FFIEC)

Send order form and check to:

FDIC/FFIEC (UBPR)
 Department 0649
 Washington, DC 20073-0649

For additional information on your UBPR order, please call:

FDIC Public Information Center at 1-877-275-3342 (1 877 ASK FDIC).
 Washington DC area: 1-202-416-6940

FAX credit card orders to:

1-202-416-2076 (FDIC Public Information Center)

Mastercard Visa Expiration Date _____

Account # _____

Authorized Signature _____

or via Internet: **PUBLICINFO@FDIC.GOV**

For questions regarding content of the UBPR products, or public disclosure tapes please call:

John Smullen 1-703-516-5732 or (via E-Mail: **JSmullen@FDIC.gov**)

Bank Reports							
FDIC Cert. Number*	Bank Name	City	State	Call Report Date	# of Copies Requested	Unit Cost	Total Cost
*Only if FDIC certificate number is available.							
Peer Group Data Report							
Peer Group Distribution Report (this became a new product December 1990)							
State Average Report							
State Average Distribution Report (this became a new product December 1990)							
User's Guide for the Uniform Bank Performance Report							
Please note: When ordering more than four bank reports or more than one peer group or state average report, please attach an additional sheet.							
Expediting Charge (Over-Night Handling)							
Name of Carrier: *(FEDEX)				Account No:			
**Please Enclose a Mailing Label & Envelope from Carrier							
Total Cost of Your Order (amount enclosed):							