

**ILLINOIS PROSECUTOR SERVICES
Website Subscription Form**

(PLEASE PRINT OR TYPE)

Name: _____

Agency: _____

Business Address: _____

Position: _____

Phone: _____

E-Mail Address: _____

Fax Number: _____

<u>Product</u>	<u>Cost</u>	<u>Total Cost</u>
<u>Website Access:</u>	\$100.00 X _____ (# of Subscribers)	\$ _____

(Call me if your agency has 6 or more subscribers sign up, you can qualify for a group rate)

X I AGREE TO THE TERMS AND CONDITIONS. (They are found on our Website)

(Fee Payment – Check One):

- Check Enclosed (Please make check payable to: Illinois Prosecutor Services, LLC.)
- Please bill me via Mail.
- Please bill me via E-Mail.
- Payment via Credit Card.

**RETURN BY FAX , MAIL or E-Mail TO:
ILLINOIS PROSECUTOR SERVICES, LLC,
P. O. Box 722, Carlinville, IL 62626
Phone: (217) 854-8041 Fax: (217) 854-5343
E-Mail: patti.ipslc@gmail.com**