

CUSTOMER ACCOUNT #:	DATE RECEIVED:	SHIP VIA:	SHIP DATE:	SALES ORDER #:
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Performance Date	Order Taken By:	<input type="checkbox"/> Choir <input type="checkbox"/> Band <input type="checkbox"/> Orchestra	<input type="checkbox"/> Check if you are a new customer. <input type="checkbox"/> Check if matching earlier orders. <input type="checkbox"/> Check if you are ordering individually. <input type="checkbox"/> Check if ordered earlier by phone or online.
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Ship To School: _____
 Director's name: _____ Ordered by: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____
 INCLUDE YOUR EMAIL ADDRESS SO WE CAN CONFIRM RECEIPT OF YOUR ORDER & SHIP DATE.
 Acct. E-mail: _____ Phone: (____) _____

Check One Payment Plan
 Order will not be shipped until we receive:

Prepayment in Full (No Personal Checks Please!)
 (Cashier's Check, Money Order, Activity Fund or Organization Check)
 Copy of District or School Purchase Order
 Credit Card

Billing Information

Name on Card: _____
 Card Number: _____ - _____ - _____ - _____
 Exp. _____ CID# _____
 Street #: _____ Zip: _____

ITEM # & COLOR	DESCRIPTION	QTY	UNIT PRICE	AMOUNT

Shirts

Coats	Pants
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Skirts	Dresses/Blouses	Subtotal	
		Shipping & Handling	
		8.1% Sales Tax AZ orders only	
		Balance Due	
		Vests	

