



Customer Order Sheet

Order Date: ____/____/____ Scheduled Delivery Date: ____/____/____

Customer Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Daytime Phone #: _____

E-Mail: _____

Payment: Cash____ Check ____ Visa____ MasterCard____ Discover____ AMEX____ PayPal____

Name on Account: _____

Account #: _____ Exp.: ____/____ Sec.Code: _____

Model: Legend____XL(wood neck)____ Signature Series____ Studio Pro____

Type: S-10____S-12____SD-10____D10____SD-12____D-12____ Lfrets:_____

Body Color: _____ Trim: _____ Pedal Bar Inlay:_____

Guitar Height: Standard 25 7/8____ Custom Height: _____

Number Floor Pedals: ____Knee Levers: ____ Compensators: ____ Copedent: _____

Pick Ups: GeorgeL E66____10-1____12-1____ True Tone Single Coil 17.5____

Lawrence 710____ LXR16____ 712____ 705____ Telonics ____ Alunitone ____

Additional MSA Accessories

Extra Pick Ups: (specify type & quantity)_____ Qty. _____

Volume Pedal Bracket (fits Goodrich, Hilton and Telonics):_____

Special Notes:_____

For office use only:

Guitar Price: \$_____ Sales Tax (.0825%): \$_____

Accessories: \$_____

Shipping: \$_____ Deposit Amount: \$_____

Total Purchase: \$_____ *Balance Due: \$_____

*Final balance is due in full three weeks prior to delivery.

Serial #: _____ Ship Date: ____/____/____

Shipment Carrier: _____+_____ Tracking Number: _____

Thank you for choosing MSA!