



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 ___
 Lawrence710 ___ LXR16 ___ 712 ___ 705 ___ Telonics _____

Additional MSA Accessories

Extra Pick Ups: (specify type & quantity) _____ Qty. _____
 Volume Pedal Bracket (fits Goodrich, Hilton and Telonics) _____

Special Notes: _____

Guitar Price: \$ _____	Sales Tax: \$ _____
Accessories: \$ _____	Trade In Allowance: \$ _____
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

