Order Form

Music Time Sign with Ms. D

Date

Authorized Purchase Order #:_____

BILL TO: (Please print.)

School/
Institution (if applicable) _____

Your Name_____

Address_____

City _____ State_____ Zip _____

Telephone ( ) _____

E-mail _____

SHIP TO: (Please print.)

School/
Institution (if applicable) _____

Your Name_____

Address_____

City _____State_____ Zip _____

Telephone ( ) _____

E-mail _____

Quantity	Item #	Name of item/Description	Price Each		Total Price	
		Subtotal				
		Sales Tax				
		Shipping & Handling				
		Total Cost				

PAYMENT METHOD:

☐ **Electronic (EFT)** ☐ ☐ **VISA** ☐ **Mastercard** ☐ **Discover**

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