

Recital DVD Order Form

You make copy and paste this into your email program if you wish, or print it out if ordering by check.

Name of the dance company _____

Date of performance _____

Time of performance _____

Parent's Name _____

Student's Name _____

Address _____

City, St _____ Zip _____

Phone _____

Credit Card # _____ Exp _____ CVV# _____

Signature (for CC orders only) _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. Card will be charged when DVD is shipped

Check # _____

We will deliver to the studio 2-3 weeks after the recital.

Optional- Add\$5 shipping directly to your home address

Please add \$10 if your order is 30 days past the recital for shipping and late fee

Select the DVD price from our website \$ _____



For Office Use

Paid by Cash ____, Ck ____, V ____, MC ____, AMX ____ Disc ____

Make checks payable to **Thumbs Up Video** 9782 Santiago Blvd., Villa Park, CA 92861
(714) 998-4004 sales@thumbsupvideo.com www.thumbsupvideo.com