

VideoGram Productions

Order Form

Please print clearly

Recital Date _____ Time _____ Studio _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

If personal check is written, phone number is required.

Please make all checks payable to: Chuck Piazza

Contact (603) 362-5262 for DVD prices.

Check # _____

Cash _____

Credit Card: Visa / Mastercard

Credit Card # _____ Expiration Date _____

CCV # _____ Signature _____

Fill out above ONLY if credit card can't be swiped.

Receipt

Your DVD will be mailed approx. 4-6 weeks after your recital date. The price above includes shipping and handling.

DVD order forms mailed 30+ days from recital date will incur an additional \$10 charge. Please mail this form promptly.

Received from: _____ Total \$ for DVD: _____

VideoGram Rep: _____

Please mail to VideoGram Productions, Inc. 21 Eldon Way, Atkinson, NH, 03811