Singing Valentine

Order Form Request Number: Click or tap here to enter text.

For Office Use only

Due to scheduling demands, we ask that you submit your order by Sunday, February 11, 2011. Orders will be accepted after that time if we are confident we will be able to deliver them on time. If you are concerned about conveying your credit card information to us in this manner, leave that blank and we will call you to get the information over the phone. Please Print

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Purchaser  **Click or tap here to enter text.** | | Purchaser’s Phone Number  **Click or tap here to enter text.** | |
| Name of Recipient  **Click or tap here to enter text.** | | Relationship to purchaser  Click or tap here to enter text. | |
| Delivery location (complete address, city, state, zip)  **Click or tap here to enter text.** | | | |
| Type of location:  Business Home Hospital Nursing facility Restaurant School (school will require advanced authorization from principal) other | | | |
| Contact name at location (recipient wrangler)  **Click or tap here to enter text.** | | Contact phone number  **Click or tap here to enter text.** | |
| Delivery time:  Morning or  Afternoon | | Specific 2 hour (+$10) **Click or tap here to enter text.** | Specific 1 hour (+$20) **Click or tap here to enter text.** |
| Digital photo of recipient with quartet (+$10)  Yes No | Email or cell phone to send photo  **Click or tap here to enter text.** | | |
| Special instructions (may include request for a specific quartet):  **Click or tap here to enter text.** | | | |
| Message from you for card:  **Click or tap here to enter text.** | | | |
| Name on Credit Card  **Click or tap here to enter text.** | | Type of Credit Card (Visa, MC)  **Click or tap here to enter text.** | |
| Expiration date  Click or tap to enter a date. | | Billing Zip code  Click or tap here to enter text. | |
| 3-digit number  Click or tap here to enter text. | | Form filled out by:  Click or tap here to enter text. | |

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