

Musical Concepts Order / Service Form

YOUR NAME _____

BILLING ADD.* _____

CITY _____ STATE _____

ZIP _____ DAY PHONE _____

*We need the billing address on all credit card orders. We accept MasterCard, Visa and Discover.

CARD NO: _____

EXPIRES: _____ SECURITY CODE: _____

e-mail: _____

ALTERNATE SHIPPING ADDRESS

EQUIPMENT CONDITION: NOTE COSMETIC DEFECTS AND WORKING OR NON-WORKING STATUS

Working order: Yes () No ()

IF REPAIRS ARE NEEDED, WHAT ARE SYMPTOMS

MODIFICATIONS REQUESTED - BE SPECIFIC ABOUT VERSION, ETC

ADDITIONAL MODIFICATIONS, CONNECTORS, ACCESSORIES, UPGRADES TO THIS PRODUCT

I would like to take advantage of my option to buy one pair of Musical Concepts SuperConnect IV at 30% off the retail price*. Length requested _____ M or _____ feet

*These are returnable within 30 days if you are not fully satisfied!!!

I, _____, authorize Musical Concepts to modify/repair my product as indicated on this order form.

Signature _____ Date _____