



# Video Reservation Form

**\$20.00**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

# of copies: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Check One: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ CC: \_\_\_\_\_

Please credit my votes to: \_\_\_\_\_

***For Credit Card Purchases Only***

Please charge \$ \_\_\_\_\_ to my credit card Yes, I will cover credit card fees \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

***Office Use Only***

Date video(s) delivered: \_\_\_\_\_