Job # _____ **Rec'vd On:** _____

Order Form

PHYLCO AUDIO
10431 Blackwell Rd. Central Point, OR 97502
Ph. 1.800.348.6194 Fax. 541.855.7581
www.phylcoaudio.com

BILL TO:

Name: _____
Artist/Company: _____
Street: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: ( ) _____ Fax: ( ) _____
E-mail: _____

SHIP TO:

Name: _____
Artist/Company: _____
Street: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: ( ) _____ Fax: ( ) _____
E-mail: _____

PAYMENT METHOD

❑ Cash ❑ Money Order ❑ Check # _____
We cannot acccept personal checks for final payment.
❑ Visa ❑ Mastercard ❑ Amex

Card Number: _____

Exp. Date: _____ Signature: _____

CARD BILLING NAME AND ADDRESS

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Country: _____

REFERRED BY: _____

DETAILS

❑ New Order ❑ Reorder Need finished product by: _____
(Note: Phylco Audio cannot guarantee delivery times.)

Quantity	Description	Item Price	Total
	Freight		
		Sub-Total	
		Sales Tax	
		Total	
		Deposit	

Free UPC bar code: ❑ Yes ❑ No
CD tray color: ❑ Black ❑ White ❑ Clear ❑ Other _____
Shrinkwrap: ❑ Yes ❑ No ❑ Partial: _____

MASTERING STUDIO *Please tell us where you mastered your project:*

Engineer's Name: _____
Studio Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: ( ) _____ Fax: ( ) _____

I declare that I have the right to reproduce this project, and that I agree to Phylco Audios' standard ***Terms and Conditions****.*

Date