

Musical Concepts Order / Service Form

YOUR NAME _____
BILLING ADD.* _____
CITY _____
STATE _____
ZIP _____
DAY PHONE _____

*We need the billing address on all credit card orders written above.

CC # _____ EXP _____

NOTE: We have never had one bad experience because a customer sent his CC# in the package

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

ALTERNATE SHIPPING ADDRESS

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 _____