national dance institute

merchandise order form

CUSTOMER INFORMATION

Name: _____

University : _____

Address : _____

City :: _____

State: _____Zip Code:_____

Email: _____

Phone Number: _____

SHIP TO (IF DIFFERENT)

Name: _____

University : _____

Address : _____

City : _____

State: _____Zip Code:_____

DATE REQUIRED: _____

Quantity	Size	Description	Unit Price	Total
			Subtotal	
			Sales Tax (.0875)	
			Shipping & Handling	$5.00
			Total	

CREDIT CARD PAYMENT METHOD

(Circle One) Visa / MC / Amex:_____EXP._____

Signature_____

3-Digit Security Code from back of credit card (required):_____

Make Check or Money Orders: payable to "National Dance Institute" NO CASH ORDERS ACCEPTED.
Please mail order form to:

Order Department
National Dance Institute
594 Broadway, Room 805
New York, NY 10012

For Office Use Only

Date Received	Payment Type & #	Invoice #	Date Sent/ Ship via