

Program Dubbing Request

Name: _____

Address: _____

Phone: _____

Email: _____

Name of program:

Date shown: _____ Date request taken: _____

_____ Copies requested (\$15 per DVD)

Shipping requested: _____yes _____no (\$3 per shipping)

Amount due: \$_____

Prepaid: _____yes _____no

.....

For office use only:

Name of Program: _____ Program# _____

No. dubbed: _____ date of dubbing _____

PAID BY: Check #/ Amount _____ \$ _____ Cash Amount \$ _____

Visa / MasterCard # (Circle One) # _____ exp _____