

History Jukebox, LLC

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Date	
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SHIP TO:

Name: _____	E-mail: _____
Address: _____	Phone: _____
City, State & Zip _____	Fax: _____

BILL TO:

Name: _____	E-mail: _____
Address: _____	Phone: _____
City, State & Zip _____	Fax: _____

Payment Information

Purchase Order or Credit Card # _____	
Name _____	Exp. Date _____
Title _____	Signature _____
Cardholder Name: _____	

Catalog Number	Qty	Description	Unit Price	Amount
Subtotal				
Sales Tax (MI only)				
Shipping & Handling*				
Total				

*Regular Shipping: 8% of the order with a \$5.00 minimum shipping charge.

*Fed Ex 2nd Day Air: add 25% of the order with a \$15.00 minimum shipping charge.