

Order Form

Please print clearly
and include form with your order.



Date:

Ordered By

Contact Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Day Phone:	<input type="text"/>
Evening Phone:	<input type="text"/>
Email:	<input type="text"/>

VideoPerfect
39-20 24th Street, 2nd Floor
Long Island City, NY 11101
Phone: 212-730-1411
videoperfect@gmail.com
www.videoperfect.com

Subscribe to mailing list for future promotions

Ship To

Same as Above

Contact Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Day Phone:	<input type="text"/>
Evening Phone:	<input type="text"/>
Email:	<input type="text"/>

Return Method

Will Pickup

Deliver by Messenger

Ship via Fedex/UPS

Ship via Fedex/UPS using your account

ACCT #:

WHAT YOU HAVE NOW	WHAT YOU NEED DONE	LABEL INFO

Special Instructions:

Optional:

Card Number:	<input type="text"/>
Expiration Date:	<input type="text"/>
Cardholder Name:	<input type="text"/>
Security Code:	<input type="text"/>

Billing Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature: _____ I agree to pay the total amount of the bill according to card issuer agreement.

DISCLAIMER: By leaving your materials with VideoPerfect, you agree that the maximum declared value allowed is \$50.00. The liability of VideoPerfect for loss, damage and delay is limited to the sum of \$50.00. VideoPerfect shall not be liable in any event for any incidental, special or consequential damages including, but not limited to, the loss of profits or income. You also certify that enclosed material is your property and that duplication and/or reproduction of said will not infringe upon any copyright laws.