

NO JIVE PRODUCTIONS, INC.

HIS DOUBLE LIFE DVD

Order Form

nojiveproductions.org

Print Information Clearly

Customer Mailing Information:

Representative Name: _____

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Billing Information: If information is the same leave blank

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Number of DVD(s) _____ x \$20.00=\$_____ + \$5.00 S/H/P **Note:** If you order more than four DVD's add an additional \$5.00 for each. Total \$_____

Payment Method: Check ____ Cash ____ Credit Card ____

Credit Card Number _____ **CSC#** _____ **exp** _____

You give No Jive Productions permission to add your email address to our email list? Yes No

X _____ X _____

Sign Name

Print Name

Note: No Jive Productions, Inc has a non-refund policy. For more information about No Jive Productions, Inc policies visit Frequently Asked Questions at nojiveproductions.org. All sales are final. Please do not send cash in the mail if you do you will be responsible for any lost funds. There will be a \$35.00 fee due to insufficient funds. For any questions please email info@nojiveproductions.org. If using credit card you authorized No Jive Productions, Inc to charge your credit card on your behalf.

Please allow three weeks for orders to be shipped.

Mail Order form along with payment to:
No Jive Productions, Inc
Attn: HDL-DVD-Orders
PO BOX 170767
Miami, FL 33017

Office Used: Date Shipped _____ #of DVDs Shipped _____ Funds Collected: _____ X _____
IN

White Copy: No Jive Productions, Inc.

Yellow Copy: Customer