ACENTRIC VIDEO PRODUCTION INC.

Last Name: _____ Estimated Pick-up Time: _____ am / pm

ORDER DATE:___/___/___

DVD Order Form

EVENT NAME: MOVE PRODUCTIONS

1

	NAME OF DANCE	ROUTINE #	
1.			$35
2.			$15
3.			$15
4.			$15
5.			$15
6.			$15
7.			$15
8.			$15
9.			$15
10.			$15
Extra Discs		_____ x $20	
Sub Total			
S & H		$5.00	
Sales Tax (where applicable)			
TOTAL			

2

Event City _____

Studio Name _____

Dancer's Name _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone _____

Email _____

3

CASH ☐ CHECK ☐ CREDIT ☐

CHECK

CHECKS PAYABLE TO ACENTRIC VIDEO

RETURNED CHECKS SUBJECT TO $25 RETURN CHECK FEE

Check # _____ **Amount** _____

CREDIT CARD

Billing Name: _____ VISA ○

Billing Address (if different) MC ○

_____

Card #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXP: ☐☐ – ☐☐ SID*: ☐☐☐ * Three digit code found on back of card

Signature: X _____

I authorize Acentric Video, Inc. to charge my card for the amount indicated at left.

Studio Package $ _____

Delivered / Mailed: ____ / ____ ___:___ am/pm

I authorize Acentric Video, Inc to videotape the dance routine(s) of myself, my child, or students for my personal use only. I will pay a taping fee only and I release Acentric Video, Inc from any responsibility regarding its future use. I hereby give Acentric Video, Inc and their legal representatives and assigns, and those for whom the videographer is acting, and those acting with his permission, and/or their employees, the right to copyright and/oruse, reuse and/orbroadcast and republish videotape recordings of myself, my child and/or students, or in which I might be distorted in character, or form, in conjunction with my own fictitious name, or reproductions thereof, in color or black and white, made through any media by Acentric Video, Inc or elsewhere, for any purpose whatsoever, including the use of any printed matter in conjunction there within. I agree to not make copies of this DVD. Orders are shipped one to three weeks after the event.

Studios may only order routines from their own studio. All other orders must be authorized by that studio. By signing below, I am stating that I am ordering in good faith with this policy.

Signature: X _____ **Stu.Dir./Chor.: X** _____

www.acentricvideo.com ~ dance@acentricvideo.com

Dance Hotline: 303.547.2262 *FAX Orders to: 303.484.0439*

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