



MEDIA REQUEST

*INDICATES MANDATORY INFORMATION

CD: \$5.00
DVD: \$7.00

DATE*: _____

NAME*: _____

PHONE #*: _____

STREET ADDRESS: _____
(FOR SHIPPING ONLY)

E-MAIL ADDRESS*: _____

QTY	CD / DVD	SERVICE DATE/DESCRIPTION	7:30	10:30	SERIES?	UNIT TOTAL
SUBTOTAL						
+ \$5 S&H (IF APPLICABLE)						
TOTAL						

PAYMENT IS DUE UPON SUBMISSION OF MEDIA REQUEST FORM
Make all checks payable to **NEW FAITH CHURCH**
PLEASE ALLOW 2 WEEKS FOR ORDER COMPLETION AND/OR DELIVERY

PICK-UP TICKET

NAME: _____

PICK-UP DATE: _____
(MINIMUM 2 WEEKS FROM ORDER DATE)

ITEM(S) PURCHASED: _____

SOLD BY: _____

BALANCE DUE: _____

PLEASE ALLOW 2 WEEKS FOR ORDER COMPLETION AND/OR DELIVERY

