**MEDIA REQUEST**

*INDICATES MANDATORY INFORMATION

**DATE**: ________________

**NAME**: ____________________________________________  **PHONE #**: __________

**STREET ADDRESS**: (FOR SHIPPING ONLY)

____________________________________________________

**E-MAIL ADDRESS**: ____________________________________

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<th>QTY</th>
<th>CD / DVD</th>
<th>SERVICE DATE/DESCRIPTION</th>
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<th>SERIES?</th>
<th>UNIT TOTAL</th>
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**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

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**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

**Thank You!**