



Date:
Name:
Billing Street Address:
City, State, Zip Code:

Phone:
Email:

Shipping Street Address:
City, State, Zip Code:

Teacher's Name and Affiliation:
Teacher's Address:
Teacher's Phone and Email:

Dear Robert Johnson:
Please send the following instrument(s)/instrument piece(s)/accessories to me for trial with the option to purchase:

I agree to return these within 7 days of receipt unless purchased. I understand that more trial time may be arranged upon request.

I authorize you to charge my credit card listed below for the value of the flutes, including tax and shipping fees, if not returned.

Name on Card:
Credit Card Type:
Credit Card Number:
Expiration Date:
Security Code:

I understand that ownership of the instrument(s)/instrument piece(s)/accessories does not transfer until full payment is received by Flute Specialists, Inc. I also understand that I am responsible for shipping costs to me and back to you and agree to pay the amount owed unless other arrangements are made.

Print name:

Sign name:

Sales • Repairs • Accessories • Lessons

606 S. Rochester Road • Clawson, Michigan 48017

Phone: (248) 589-9346 • Toll Free: (888) 590-5722 • Fax: (248) 589-9348

email: info@flutespecialists.com • web address: www.flutespecialists.com • 