



## Bandshell Order Form

Fax order to (414) 446-4376

Name: \_\_\_\_\_ Order Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Shipping Address: Check if Same as Billing:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Order:

<b>Bandshell Product</b>	<b>Price</b>	<b>Quantity</b>	<b>Color</b>	<b>Total</b>
Bandshell Solid Color	\$14.99			
Bandshell Multi Color	\$14.99			
<b>Subtotal:</b>				
<b>Tax (+ 5.6% in Wisconsin):</b>				
<b>Total:</b>				

Payment Information:

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Credit Card CV2#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I \_\_\_\_\_ Authorize TJM Innovations, LLC to charge my credit  
(Name)

card for the products stated above. Not to exceed the amount shown.