

Roger Miller ROM Double Reeds

ORDER FORM

NAME _____ DATE _____

PHONE NUMBERS

ADDRESS _____

DAY _____

EVE _____

_____ ZIP CODE _____

METHOD OF PAYMENT																			
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover																			
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>				
SIGNATURE _____		EXP. DATE ____ / ____																	
		Mo. Yr.																	
CARDHOLDER'S NAME (PRINTED) _____																			

PHONE & FAX ORDERS
ANY TIME!
with Visa, Mastercard or Discover
Phone:
1-800-491-0211 (Outside Cincinnati)
513-851-7211 (Cincinnati)
FAX: 513-851-7211
Press: *# 9 when message starts.

QUANTITY	DESCRIPTION <small>(please print clearly)</small>	AMOUNT

If necessary, may I substitute cane source?
 Yes No

If necessary, may I substitute cane diameter?
 Yes No

PLEASE PRINT CLEARLY
 It is extremely important that your order and contact information be clearly written for accurate and prompt processing.

For our international customers who may be unfamiliar with English alphabet characters, please refer to the following chart for assistance when writing your order.

A B C D E F G H I J
 K L M N O P Q R S T
 U V W X Y Z

U.S. POSTAGE AND PACKING	
\$1 - \$25.00	add \$7.50
\$25.01 - \$40.00	add \$8.50
\$40.01 - \$60.00	add \$9.50
\$60.01 +	add \$10.50

SUB-TOTAL _____
 7.00% SALES TAX
(OHIO RESIDENT ORDERS ONLY)
 POSTAGE AND PACKING _____
 TOTAL _____

INTERNATIONAL POSTAGE AND PACKING	
\$1 - \$25.00	add \$28.00
\$25.01 - \$40.00	add \$29.00
\$40.01 - \$60.00	add \$30.00
\$60.01 +	add \$31.00

SEND REMITTANCE AND ORDER FORM TO:

Roger Miller
 ROM Double Reeds
 P.O. Box 46514
 Cincinnati, Ohio 45246