

# ORDER FORM

Date: \_\_\_\_\_



Editions Orphée, Inc.,  
 1240 Clubview Blvd. N.  
 Columbus, OH 43225-1226  
 Phone: 614-846-9517  
 Fax: 614-846-9794  
 E-Mail: m.ophee@orphee.com

**Sold To:**

**Ship To:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address1: \_\_\_\_\_  
 Address2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address1: \_\_\_\_\_  
 Address2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_

**Price and Availability are subject to change without notice.**

E-mail address: \_\_\_\_\_

Catalog No.	Quantity	Description: Composer's name, edition's title.	Price	Amount

Note: all checks, personal or otherwise, must be in US\$ amounts and drawn on a US bank.. Subtotal \_\_\_\_\_

American Express/Discover | Security Code from back of card: \_\_\_\_\_ Postage & Handling \_\_\_\_\_  
 Visa \_\_\_\_\_  
 Master Card \_\_\_\_\_ **Card Number:** \_\_\_\_\_ **Total:** \_\_\_\_\_  
 Personal check \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ Ohio residents add 6.75% Sales tax: \_\_\_\_\_  
 Money order \_\_\_\_\_ **Name on Card:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

**For domestic (US) customers:** Delivery time may be 7-10 days. 2nd day and overnight delivery are available on request at an additional charge. **For foreign customers:** Air mail delivery may be 4-6 weeks. Courier delivery are available on request. **Please note:** Editions Orphée cannot assume responsibility for items lost in transit by postal services. We can provide insurance at an additional (actual) cost.