



ro*co films educational
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DVD ORDER FORM

Date: _____

CUSTOMER INFORMATION

Name:	
Company Name:	
Shipping Address:	
City:	State/Prov:
Zip/Postal Code:	Country:
Telephone:	Email:

PRODUCT INFORMATION

Film Title:
Version Type: Institutional/Public Screening(\$ _____) Qty: K-12 (\$95) Qty:
Shipping & Handling: Standard USPS (7-10 Business Days) = \$10 Priority USPS (4-5 Business Days) = \$18 Federal Express or Overnight, Please call or email for a quote

Version Price: Each title's public screening price can vary. Please check website for current pricing.

CREDIT CARD INFORMATION

Card Type:	
Company Name:	
Card Number:	
CVV Code*:	Expiration Date:
Name as it appears on Card:	
Billing Address (if different than shipping): As Above	
City:	State/Province:
Zip/Postal Code:	Country:

Authorized for one time use only in the amount of \$ _____ (DVD + S&H)

AUTHORIZATION

I, acknowledge that my credit card statement will indicate that the payment is to be made to ro*co films	
Authorized Signature:	
Print Name:	Date:

If sending a check, please make out to ro*co educational and send to address listed above