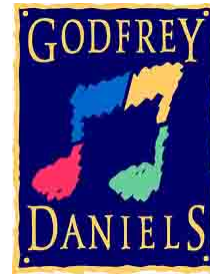


# Advanced Sales Order Form for Mail-Ins and Faxes



Send this form to:

Godfrey Daniels

7 E. 4th Street

Bethlehem, PA 18015

OR

FAX to (610) 691-3057.

Artist \_\_\_\_\_

Show Date \_\_\_\_\_

Showtime \_\_\_\_\_

Number of Seats \_\_\_\_\_

Membership Type

## Payment Method

Check/Money Order      Amount \$ \_\_\_\_\_

Charge the following credit card *(Include \$1 handling charge per ticket)*

Credit Card Type       Expiration Date \_\_\_\_\_

Credit Card # \_\_\_\_\_

Security Code \_\_\_\_\_ *Three digit number located on back of credit card.*

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_