

C-SPAN Videotapes Order Form

Date: _____ By: _____ Pages: _____

To: _____ Co./Dept.: _____

Faxed: _____

Ph: _____ Fx: _____

Lic. ID# _____

C-SPAN Videotapes VHS Order Form

PLEASE READ, COMPLETE AND RETURN THIS FORM TO FAX: 765-497-9699, OR SEND TO ADDRESS BELOW. IF YOU EXPERIENCE FAX TRANSMISSION PROBLEMS, PLEASE CALL: 877-ONC-SPAN (877-662-7726).

IMPORTANT NOTE TO THE CUSTOMER: ALL OUR VIDEOTAPES ARE CUSTOM DUPLICATED IN REAL TIME. VIDEOTAPES ARE NOT RETURNABLE FOR A REFUND. DEFECTIVE OR DAMAGED VIDEOTAPES WILL BE REPLACED. IF WE MAKE AN ERROR IN DUPLICATING YOUR VIDEOTAPE, WE WILL REPLACE IT WITH THE CORRECT VIDEOTAPE.

**SPECIAL NOTE: THESE VIDEOTAPES WILL CONTAIN C-SPAN GRAPHICS
CUSTOMER:**

CARDHOLDER:

SHIP TO: _____

BILL TO: _____

BUSINESS: _____

BUSINESS: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

E-MAIL: _____

E-MAIL: _____

Program ID#	Program Title	Quantity	Unit Price	Extended Price

HANDLING OPTIONS: With the exception of Immediate Rush option, orders received after 2:00 p.m. are processed the next business day. Handling fees include Federal Express shipping.

Subtotal: _____

Please Note: Rush handling fees, shipping fees, segment tapes, and special format tapes are not refundable.

Handling Fee: _____

International Shipping: _____

_____ **Standard: \$7 for 1st Program ID & \$3 for each additional program ID shipped in approximately 7 - 14 business days**

Order Total: _____

_____ **3-Day Rush: \$75 per Program ID, shipped by 3rd business day**

_____ **Tomorrow Rush: \$150 per Program ID. Order received before 2:00 p.m., shipped for next business day delivery**

PAYMENT OPTIONS: Checks and major credit cards accepted

_____ **Immediate Rush: \$200 per Program ID. Order received after 2:00 p.m., shipped for next business day delivery**

_____ MC _____ VISA _____ Novus/Disc _____ AmEx

_____ **Saturday Delivery: Customer Federal Express Account Number Required _____ (or charges billed to your credit card)**

Card Number: _____

Exp Date: ____/____

Cardholder Signature: _____

**Checks should be made payable to and mailed to:
C-SPAN Archives, P.O. Box 66809, Indianapolis IN 46266-6809**

Printed Name: _____

**OR delivered via courier to: C-SPAN Archives, Bank One Lockbox 66809,
7610 West Washington St., Indianapolis IN 46231**

Order#: _____ By: _____ Shipped: _____