



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:
<b>Shipping &amp; Handling:</b> 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 <b>ro*co films</b>	
Authorized Signature:	
Print Name:	Date:

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