

# Customer Order Form



## Contact Information ( \* information must be provided)

### Name and Shipping information:

First\*

M.I.

Last\*

Street\*

Suite/PO Box

City\*

State\*

Zip code\*

Phone:\*

Alt. Phone::

Email address:\*

Date of birth (month/day)

## Order Information

(  I have read and agree to the Terms and Conditions)

Please indicate the discs enclosed in the package:

Quantity of  
CDs & DVDs\*

Quantity of  
Video game discs\*

Quantity of  
Jewel Cases  
(if requested)

Insurance:

(if requested)

estimated cost:  
(\$2/\$50 value)

est. shipping cost  
("media" rate \$2/lb.)

Coupon  
Code:

(if provided)

We will contact you to confirm  
Order pricing.

estimated  
Order Total

## Payment Information

( You will be emailed a Credit Card receipt.)

Method of payment:\*

(check one)

 Visa Mastercard PO#

(Name and address on Credit card must match Customer name above.)

Credit Card number\*

Expiration date:\*

Signature:\*

3CVV code\*

## Shipping Information

Preferred Delivery  
providers:

US Postal Service

**OR**

United Parcel Service:

Send package  
& this form to:

New England Disc Repair  
PO Box 357  
Glastonbury, CT 06033

New England Disc Repair  
UPS Box 331  
2842 Main St.  
Glastonbury, CT 06033

Please email us at [nediscrepair@gmail.com](mailto:nediscrepair@gmail.com) when you send your package. We'll look for it and confirm receipt.