

SCRIPT ORDER FORM

Please allow 2-3 weeks for processing; for your own security, please do not send payment information via email.

address: 137 Park Street, Chelsea, MI 48118

fax: (734) 475-0802

Script orders are for perusal purposes only and do not indicate approval of production rights. An application for production rights must be submitted to the PRTC and approved prior to production.

CONTACT INFORMATION		
Contact Name:		
Title:		
Organization/ Company Name:		
Shipping Address:		
City:	State:	ZIP:
Business Number:	Fax Number:	
E-mail:		
please send information about new title	es via email	
ORDER INFORMATION		
Title of Play:		Quantity:
Title of Play:		Quantity:
Total number of scripts:	@ \$12.00 each = Subtotal: \$	
SHIPPING INFORMATION Orders of 1-4 scripts will be sent via US Orders of 5-10 scripts will be sent via US Orders of 11-15 scripts will be sent via U Please contact the PRTC Administration C than 10 scripts. PAYMENT INFORMATION	S Priority Mail for a flat fee of \$6.00 .	es on expedited orders or order of more
Script Order Subtotal: \$ +	Shipping Fee: \$ = Total Payment: \$	\$
Payment Type (check one):	□ check (payable to The Purple Rose Theatre Company)	
	☐ Visa ☐ MasterCard	☐ American Express
Credit Card #:	Expiration Date:	Security Code:
Signature:		
Name (please print):		

The Purple Rose Theatre Company business 734.433.7782

is strictly forbidden by law.

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