



**ORDER FORM**

Send orders to: PRAGDA 190 route 17m Harriman NY 10926  
ph:1 800 343 5540 fax: 1 845 774 7445 spanishfilmclub@pragda.com

**CUSTOMER INFORMATION**

Have you previously ordered from PRAGDA?  No  Yes  
If yes, what is your customer number? \_\_\_\_\_

**TITLES**

Title(s)	Format	Screening date <i>(if applies)</i>	Price
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**PAYMENT**

All orders must be accompanied by a purchase order or pre-payment.

**Credit Card** Mastercard Visa Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Exp. Date: \_\_\_\_ / \_\_\_\_ CVV2 Code \_\_\_\_\_ (3 digits on back of card)

**Institutional Check**  Enclosed  In the Mail *(personal checks not accepted)*

**Purchase Order** *(fax with order form)*  Attached  In the Mail

**SHIPPING AND HANDLING**

**We can't ship to a P.O. Box; must be a street address**

<b>BILLING ADDRESS</b>
Name:
Institution:
Department:
Address:
Telephone:
Fax:
Email:

<b>SHIPPING ADDRESS</b> (if different)
Name:
Institution:
Department:
Address:
Telephone:
Fax:
Email:

Contact for questions about this order? Billing  Shipping  Other

If other, please provide the following: Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I have read and agreed to the ordering instructions. Signed: \_\_\_\_\_

**Sign up to receive news and special offers:** Yes, I want to receive PRAGDA's email newsletter. **Send to:** \_\_\_\_\_