

# CINEMA HERALD Order Form

Theatre Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TOP OF HERALD INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO:



3500 N. Andrews Ave. Pompano Beach, FL 33064  
 (800) 329-4989 • **FAX 800-313-3109**

Person Ordering \_\_\_\_\_

Phone Number \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

Day Must Be Delivered \_\_\_\_\_

QUANTITY \_\_\_\_\_

PLAY DATE and OTHER INFO	TITLE

**OFFICE INFO ONLY:**

SALES ORDER# \_\_\_\_\_

SET-UP CHARGE \_\_\_\_\_

INVOICE # \_\_\_\_\_

SHIPPING CHARGE \_\_\_\_\_