

CARTER STEEL GUITARS

ORDER FORM



(800) 969-7332 (ORDER Line) (972) 475-2324 (TALK Line) (972) 288-9100 (TECH Line) (972) 412-7353 (FAX Line)

mailing address: P.O. Box 850045
Mesquite, TX 75185-0045 USA

street address: 617 WEST KEARNEY STREET, SUITE 101
MESQUITE, TX 75149 USA

Name: _____ Address: _____
Phone: (____) _____ Day _____
(____) _____ Evening _____
International Customers: Please provide a FAX # or E-MAIL if possible.

PLEASE fill in SETUP AND TUNING INFORMATION ON THE OTHER SIDE OF THIS FORM.

Method of Payment Desired: Cashier's Check/Money Order C.O.D. { \$500 Min. Deposit; Balance to be paid in Cashier's Check or Money Order. }

Visa® MasterCard® American Express®/Optima® Discover®

/

Month / Year of Expiration Credit Card Number

Dated: _____, _____. Signature: _____
Reminder: Your order cannot be processed without your signature and expiration date.

PAYMENT: DEPOSIT on each order is NON-REFUNDABLE. Minimum DEPOSIT on a Standard Order is \$500.

Balance Due to be PAID within 14 days of completion of order & prior to shipment. {COD shipments to be arranged on a case-by-case basis.}

Refund Policy: Please make your selections carefully. Once your order has been placed, we cannot make changes or give any refunds or exchanges.

STANDARD COLORS
PLEASE CIRCLE ONE:

Red	Bright Blue
Black	Navy Blue
Burgundy	Rosewood
Turquoise	Ebony Birdseye
Bermuda	Mahogany

STANDARD MODELS
PLEASE CIRCLE ONE:

D-10	\$3,195	8P, 5K
S-10	\$2,195	3P, 5K
S-10 (Pad/D-10 Body)	\$2,395	3P, 5K
S-12	\$2,695	7P, 5K
S-12 (PAD/D-10 BODY-CUSTOM ORDER)	\$2,895	7P, 5K
D-12 (Custom Order)	\$3,495	8P, 5K

EXTRA PEDALS & KNEE LEVERS
\$150.00 EACH (up to 10P & 8KL)

Total Number of Extra Pedals: _____

Total Number of Extra Knee Levers: _____

SPECIAL FEATURES, FINISHES, REQUESTS OR COMMENTS

SIGNED: _____
Please: all future Carter Steel Guitar Owners sign here!

For Office Use Only. Please do not write in this space.

Base Price:	\$ _____
Extra Pedals:	\$ _____
Extra Knee Levers:	\$ _____
Special Color: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Freight Charge:	\$ _____
C.O.D. Charge:	\$ _____
Subtotal	\$ _____
Tax, if applicable:	\$ _____
TOTAL	\$ _____

For Office Use Only. Please do not write in this space.

Date Received:	_____
Order No.:	_____
Deposit Rec'd:	_____ # _____
Other Payments:	_____ # _____
Trade-In Rec'd:	_____
BALANCE Rec'd:	_____ # _____
Invoice No.:	_____
Serial No.:	_____
Video Loc.:	_____ -- _____
Date Shipped:	_____

Thank You!