# BandTrax Australia Order Form

***MIDIfiles for MIDIphiles***

| | |
|---|---|
| **Name:** | **Deliver To:** *(If Different From Information On Left)* |
| **Address:** | **Address:** |
| **Suburb:** | **Suburb:** |
| **State:** **Post Code:** | **State:** **Post Code:** |
| **Phone:** | **Phone:** |

## MIDIFILE ORDER LIST

| | Cat # | Title | Price |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
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| 29 | | | |
| 30 | | | |

| | |
|---|---|
| **GST** | |
| **DELIVERY** | |
| **TOTAL PRICE A$** | |

## MIDIFILE FORMAT

*(Tick **ONE** box to specify your required Format)*

- ☐ **G.S. Format 1.**
- ☐ **G.S. Format 0.**
- ☐ **G.M. Format 1.**
- ☐ **G.M. Format 0.**

***If you are unsure of which Format suits, just call!***

**What type of equipment will these files be used on?**

.....

.....

## METHOD OF PAYMENT

*(Tick One)*

- ☐ **CHEQUE**
- ☐ **MONEY ORDER**
- ☐ **DIRECT DEBIT** *(Receipt Attached)*
- ☐ **CREDIT CARD AUTHORITY**

## TO THE FOLLOWING CREDIT CARD

- ☐ **BANKCARD**
- ☐ **MASTERCARD**
- ☐ **VISA**
- ☐ **DINERS**
- ☐ **AMEX**
- ☐ **JCB**

## YOUR CREDIT CARD DETAILS BELOW

**Name:** .....

**Card #:** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

**Exp. Date:** ☐☐ / ☐☐ **CVV#** ☐☐☐

**Signature:** .....

Would you like the name of your act advertised worldwide, FREE, on the BandTrax ELITE USERS list? If so, fill in the sections below.

**ACT NAME:** ..... **LOCATION:** .....

**BandTrax Australia P.O. Box 397, Clifton Beach, Queensland. 4879 Ph: (07)40590411 Fx: (07)40590422**

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