Suzuki Harmonica Order Form

Use this Form to Fax or Mail Your Order

Bill to:

Name _____

Organization _____

Address _____

City _____

State _____ Zip _____

Phone ( ) _____
Required

Fax ( ) _____

Email _____

Ship to:

Name _____

Organization _____

Address _____

City _____
Please list street address, not P.O. Box

State _____ Zip _____

Phone ( ) _____
Required

Date _____

SELECT A PAYMENT OPTION:

1 ☐ **Payment Enclosed**

2 ☐ **Credit Card** ☐ VISA ☐ MasterCard ☐ DISCOVER

Date Expires
Mo. ____ / Yr. ____

Signature _____ Name on Card _____
Credit card purchases must sign here

Quantity	Model No.	Description	Unit Price	Total Price

Subtotal	
CA Residents Add 7.25% Sales Tax	
Grand Total	

Prices subject to change without notice.

Fax Your Order To:

CREDIT CARD
1-619-873-1992

SCHOOL, CHURCH OR P.O.
1-619-873-1997

Mail Your Order To:

Suzuki Corporation
PO Box 710459
Santee, CA 92071

Need Assistance? Call:

1-800-854-1594

SUZUKI
The Name You Know

www.suzukimusic.com