



421 West 54th St., 2nd Fl. • New York, NY 10019
(p) 212.541.4684 • (f) 212.397.4684
licensing@mtishows.com • www.mtishows.com

TRANSPOSITIONS ON DEMAND ORDER FORM

NAME OF SHOW: _____

Performance Dates: ____/____/____ to ____/____/____

Song Number: _____ Song Title: _____

Key (at the beginning of the song): _____ Transpose (check one): Up Down to Key (transposed): _____

Interval Transposed (major 2nd, for example): _____

REQUESTING: Piano-Conductor (\$50) Orchestra Parts (\$100) Both (\$125) Line Total: \$ _____

Song Number: _____ Song Title: _____

Key (at the beginning of the song): _____ Transpose (check one): Up Down to Key (transposed): _____

Interval Transposed (major 2nd, for example): _____

REQUESTING: Piano-Conductor (\$50) Orchestra Parts (\$100) Both (\$125) Line Total: \$ _____

Song Number: _____ Song Title: _____

Key (at the beginning of the song): _____ Transpose (check one): Up Down to Key (transposed): _____

Interval Transposed (major 2nd, for example): _____

REQUESTING: Piano-Conductor (\$50) Orchestra Parts (\$100) Both (\$125) Line Total: \$ _____

GRAND TOTAL: \$ _____

NOTE: Please allow (10) business days for processing. International and "rush" orders are subject to additional fees.

CONTACT INFORMATION

Organization: _____ MTI Account Number: _____

Your Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

CREDIT CARD AUTHORIZATION

For transposition services I have indicated above, I hereby authorize MTI to charge my credit card \$ _____.

Visa MasterCard American Express Discover Name on Card: _____

Card Number: _____ Exp. Date: ____/____

City: _____ State: _____ Zip Code: _____ Country: _____

Any discrepancy between the amount authorized for billing and the items ordered or incomplete information entered above may result in a delay of the processing of this request and the shipping of your perusal materials.

By signing below you certify that you are the authorized agent for this production, have the authority to make this request, and that the information you have provided on this application is accurate.

Print Your Name

Signature

Date

PLEASE MAIL OR FAX COMPLETED FORM TO **MUSIC THEATRE INTERNATIONAL**