



# transpositions-on-demand order form

MUSIC THEATRE  
INTERNATIONAL

Processing may take 10-15 business days from receipt of form and payment (depending on availability).  
Please fill out this form in its entirety. Any incomplete forms will delay processing.

## NAME OF SHOW \_\_\_\_\_

Performance dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Song # \_\_\_\_\_ Song Title \_\_\_\_\_  
 Key (beginning of 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 # \_\_\_\_\_ Song Title \_\_\_\_\_  
 Key (beginning of 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 # \_\_\_\_\_ Song Title \_\_\_\_\_  
 Key (beginning of 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 # \_\_\_\_\_ Song Title \_\_\_\_\_  
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 Interval Transposed (major 2nd, for example) \_\_\_\_\_  
 REQUESTING  Piano-Conductor (\$50)  Orchestra Parts (\$100)  Both (\$125) Line Total \$ \_\_\_\_\_

## CONTACT INFORMATION

Organization Name \_\_\_\_\_  
 MTI Account Number \_\_\_\_\_ Booking Number \_\_\_\_\_  
 Organization Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Your Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

## 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 materials.

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

Print Your Name \_\_\_\_\_  
 Your Signature \_\_\_\_\_ Date \_\_\_\_\_