

DOUG ELLIOTT MOUTHPIECES ORDER FORM

Use this form, or provide the same information in an email to DEMouthpieces@aol.com

Date:

Name:

Home Address:

Home Phone:

Cell Phone:

Fax:

Email Address:

Shipping Address if different from Home Address:

Current Mouthpiece:

Instrument:

Credit Card (*Visa, Mastercard, or American Express*)

Card Number:

Expiration Date:

CCV Code:

We also accept PayPal, using the email address above.

Items you wish to order:

Rim(s) (*SERIES, Silver, Gold or Lexan, and SIZE*)

Cup(s) (*SERIES and LETTER*)

Shank(s) (*a letter to match the cup, and a number for the backbore, ie. G8*):

Additional comments: