COMPUTIK ORDER FORM ORDER DATE: REQUIRED INFORMATION *BILL TO: ☐ Horizontal □ Vertical □ Picture Ticket Organization:_ 3606 Quantum Blvd ☐ Rerserved Seating ☐ General Admission Boynton Beach, FL 33426 Books Single Sets Sheets FAX 954-426-5761 Address:_ Audit Stub: Circle Choice None 1 PLEASE CHECK BELOW IF APPLICABLE City/State/Zip: Backprint Show Logo Total Tickets Ordered (sponsor advertising) Attention: —— E-mail art to: Art work on file Seating Chart (enclosed) _____(on file) _____ Price on ticket & Stu Security Foil Telephone:__ Need By Date **Ticket to Read:** (Presentor, Performance, Title and Facility Name, etc.) **Ticket to Read:** (Presentor, Performance, Title and Facility Name, etc.) (Home Team) (Home Team) (Opponents) (Opponents) Day Date Time Price Color Date Day **Time** Price Office Use Tix per show Tix per show ARE YOU INTERESTED IN THE FOLLOWING PRODUCTS? *Shipping Name & Address (if different from billing address) Special Instructions: Residential ____ Ticket Envelopes ____ Souvernir Type Tickets ____ Tyvek Wristbands ____ Credentials Roll Tickets (Custom) ____ Posters **Programs /Playbills** Would you be interested in selling your tickets online? Number of shows to go online: Venue Name: Do you have a graphic of your seating chart? Contact Name and Phone number if other: Average price of ticket: Purchase order number _____ Number of seats in a performance: