



Jonesville Baptist Church Media Ministry
Rhema Ministries

Media Sales

Last Name: _____ First Name: _____

Mailing Address: _____

Physical Address (if different from mailing): _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Order Date:	Service Time:
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Description:	Service Date:	Unit:	Qty:	Item No.	Total

Order By: _____

Approved By: _____

Subtotal _____
 Shipping Charges _____ 5.00
 Handling Charge _____
 Insurance _____
 Tax _____
 Total _____

OFFICE USE ONLY

Completed By: _____

Completed Date: _____

*website