

# Masters Entertainment Group - Order Episodes

Complete all fields below marked with an asterisk(\*), then print and fax it to 423-989-3651.

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## Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Suffix

## Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## Phone Number

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

## E-mail

\_\_\_\_\_

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## Payment

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**Credit Card Number**

**Security Code**

\_\_\_\_\_

\_\_\_\_\_

**Expiration Date**

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

## Billing Address

---

Street Address

---

Street Address Line 2

---

City

---

State

---

Zip Code

---

## Episode

---

Name of Series

---

Episode Name / Number

---

Event location

---

Air Date

---

Month

---

Day

---

Year

Network

---

Quantity

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