



**SAMUEL
FRENCH**

FOUNDED 1830

Perusal Request Form Samuel French Musicals

Thank you for your interest in a Samuel French musical. Please use this form to request your perusal package. Packages include a **“highlights” score** which will be emailed to you in **PDF format**, and a hard copy of the **full libretto** sent to the mailing address you provide below. Both items are yours to keep.*

Shipping charges for the libretto are included in the perusal fee. The printed libretto will be sent out via USPS Priority Mail unless expedited shipping is requested (additional charges will apply for expedited shipping).

Perusal packages are not for production purposes. If you are interested in acquiring the performance rights, please fill out a performance right application at www.samuel french.com.

We require a credit card for all charges for the perusal package. There is a **\$20.00 non-refundable** perusal fee per show.

**Please Note: Peter Pan, 70, Girls, 70, Zorba and The Me Nobody Knows librettos are not kept and must be returned.*

Please fill out the following and return by **fax** to Samuel French at **212-206-1429** or mailed to **Samuel French, Inc., Attn: Musicals, 45 W. 25th Street, New York, NY 10010.**

Title of Musical _____

Organization requesting perusal package: _____

Contact Name: _____

Email address to send “highlights” score: _____ @ _____

Shipping address to send libretto: _____

(Please note: we do not ship to P.O. Boxes)

City _____ State _____ Zip _____

Please choose shipping method:

Standard USPS PRIORITY MAIL (no additional charge)

Expedited UPS NEXT DAY AIR (+\$30.00 charge)

We would like our credit card to be charged the perusal package fee of **\$20.00**.

It is understood that once your credit card payment is authorized it is not reversible or revocable or refundable under any circumstances whatsoever unless authorized in writing by Samuel French. Your signature below indicates agreement to the terms outlined above and further authorizes Samuel French, Inc. to charge expedited shipping fees and/or late fees (if applicable) as specified above.

Credit Card Number: _____ Expiration Date: ____/____

CVV (3 or 4 digit security code on back of card) _____

Credit Card Type:

Cardholder’s Name: _____

VISA AMEX

Credit Card Billing address: _____

MC DISCOVER

Phone: (____) _____

Signature of card holder _____ Email: _____