

Credit Card Authorization Form

Organization Name _____ **Show** _____

Return Date _____ (costumes **MUST** be delivered or shipped by this date!)

Instructions: Fill in ALL the requested information for credit card billing address, print out this page, sign and date the form and fax this page to 716-847-0186.

I authorize DC Theatricks to charge my credit card for any **additional** charges incurred as outlined in our rental agreement (please read your original rental agreement for all terms), including damage charges, missing items and **late charges of 20% additional per day**. There is also a 5% charge for costumes not returned on hangers and re-tagged with their ID tags. **Please follow all terms agreed upon to avoid any additional charges.**

Card Information

| | |
|---------------------|---|
| Credit Card Type: | Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> |
| Credit Card Number: | <input type="text"/> |
| Expiration Date: | Month <input type="text"/> Year <input type="text"/> CVV Code <input type="text"/> (3 digits on back of card) |
| Cardholder Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| City: | <input type="text"/> |
| State: | <input type="text"/> |
| Zipcode: | <input type="text"/> |
| Country: | <input type="text"/> |
| Telephone: | <input type="text"/> |
| Signature: | <input type="text"/> |
| Date: | <input type="text"/> |

DC Theatricks

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