



COSTUME RENTAL CONTRACT

Date
Company / Customer Name:
Are you an educational Institution?
Are you a non-profit? What is your tax- exempt number?
Production / Event Name:
Name of Person or Organization to be Billed:
Billing Address:
Shipping Address:
Contact Person's Name:
Contact Person's Phone Number:
Contact Person's Fax Number:
Contact Person's E-Mail:
Performance Opening Date:
Date To Return Unused Costumes by:
Performance Closing Date:
Date of Costume Rental Return:

This letter will constitute an agreement between The Goodspeed Opera House Foundation, Inc., d/b/a **GOODSPEED COSTUME RENTAL**, ("GCR") and (**THE CUSTOMER**) for the rental of costumes for the above named production / event. The Customer has read, understands, and agrees to comply with GCR's attached Appendices: A) Costume Rental Policies, B) Certificate of Insurance Requirements, and C) Inventory Sheet.

PRIOR TO THE SHIPPING/PICK-UP OF A RENTAL, THE CUSTOMER AGREES TO PAY RENTAL FEES AND RETURN APPROPRIATE DOCUMENTATION LISTED BELOW:

DUE PRIOR TO THE SHIPPING/PICK-UP
1) Rental Inquiry Sheet
2) Signed Contract
3) Rental Fee Paid In Full \$
4) Refundable Security Deposit Paid In Full \$
5) Certificate Of Insurance – Additional Insuring Costume Rental Valued At \$
Coverage Period Date: _____ through _____
Shipping Fees Charged To Federal Express Number:
Return Costumes By: _____
For additional fee information, refer to appendices: A) Costume Rental Policies, B) Certificate Of Insurance Requirements, and C) Inventory Sheet

METHOD OF PAYMENT: Cash _____ Check# _____ Charge# _____ Exp. Date _____

Name of Card Holder _____

ACCEPTS TERMS OF COSTUME RENTAL CONTRACT AS CUSTOMER'S REPRESENTATIVE:

Agreed and accepted: _____	Agreed and accepted: _____
Print Name: _____	Name & Title: <u>Jennifer O. Etheridge, Costume Rental Manager</u>
Title: _____	Date: _____
Organization: _____	
Address: _____	
E-Mail Address: _____	Phone #: _____