



RENTAL INQUIRY FORM

Today's Date _____

Organization _____

Designer's Name _____

Designer's E-Mail _____

Shop Manager's Name _____

Shop Manager's E-Mail _____

Other Contact _____

Other E-Mail _____

Phone Number _____

Fax Number _____

Billing Address _____

Shipping Address _____

Shipping Freight Co. & Acct. # _____

Federal Express Acct. # _____

UPS Acct. # _____

Name of Production & Type _____

(Musical, Play, Film, TV, Event, Other)

Opening Date _____

Closing Date _____

What's Your Costume Budget? _____

Type of Payment: (circle one) American Express, Discover, Visa, Master Card or Check?

Charge Account Number _____ Exp. date _____

Card Holder's Name _____

Approximate number of costumes needed _____

Historic Period of Costumes (Example: 1920's) _____

Details _____

How did you hear about us? _____

Comments _____