

VIOLET CROWN COSTUME COMPANY

Production Credit Card Authorization

Production Title _____

Production Company _____

Billing Contact Name _____ Phone _____

Email _____

Billing Address _____

Authorized Payment Amount _____

VISA

AMEX

MASTERCARD

Credit Card # _____

Exp Date _____ CVV _____

Cardholder Name _____

I, _____, give Violet Crown Costume Company, LLC., the right to irrevocably authorize charges for the approved amount, to the above credit card. Should additional monies be owed for any cleaning fees, loss and damage, shipping and handling, and additional and/or extended rental charges, I authorize Violet Crown Costume Company, LLC, to charge the balance owed to my card.

Signature _____ Date _____

Billing Address _____

For your security, please return this form along with a copy of the renter's credit card and photo

id. Receipts will be emailed to the email above upon payment.