

To prevent delays in processing your rental order, please fill out this form COMPLETELY.

Measurement instructions on reverse side. Make copies of this blank form for future use. Please print legibly in blue or black ink.

Pencil and red ink do not fax clearly. Highlighters fax as black-outs.

SHIP TO: Address is ☐ Residential ☐ Business ☐ School	BILL TO:
Name	Name
Organization	Organization
Street	Street
City State Zip	City State Zip
Phone Fax	Phone Fax
Email	Email
Cell	Cell

CHARACTER	ACTOR'S NAME	M/F	SUIT/ DRESS SIZE	некнт	WEIGHT	A CHEST/ BUST	B WAIST	HIP	OUT SEAM	E INSEAM	F NECK SIZE	G SLEEVE LENGTH	HAT	SHOULDER/ SHOULDER	NAPE/ WAIST	K NAPE/ FLOOR	NOTES For Ex.: Male playing female role, etc.
4																	



1020-1030 Barrett Street Schenectady, NY 12305 Phone: 518-374-7442 Fax: 518-374-0087 www.TheCostumer.com

Please read and sign the enclosed Contract Agreement and fax back to 518-374-0087.

Name of Production	Dress Rehearsal Date	
Ordered by (name)	Performance Dates	

(title) ____

erformance Dates Return Shipping Date