

★ Make several copies of this form for future use. ★

ORDER FORM



Contact us at:
518/374-7442 or
Fax 518/374-0087

Mail:
1020-1030 Barrett St.
Schenectady, NY 12305

Web: www.TheCostumer.com
Hours:
Monday – Friday ... 8:30–6:00
Saturday 10:00–5:00

★ Please keep a copy of this order for your records. ★

Name of Show _____

Dates of Show _____

SHIP TO:

Name _____

Company _____

Street _____

City _____ State _____ Zip _____

Phone (.) _____

BILL TO:

Attn. _____

Company _____

Street _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____

PLEASE CHECK ONE: Is it a residential shipping address* or a business shipping address?

* UPS shipments to residential addresses take longer than to business addresses.

PERMISSION TO SUBSTITUTE OUT OF STOCK ITEMS:

YES (may be substituted) NO (please backorder) Backorders will be sent ASAP.

PLEASE ALLOW TWO WEEKS FOR DELIVERY.

Page No.	Stock No.	Item Description	Color	Quantity	Unit Price	Total Price

Payment:
 Check COD Bill Us
 M/C, VISA AMEX DISC
 Credit Card # _____
 Exp. Date _____
 Purchase Order # _____

Tax Exempt # _____
Delivery Information:
 Date Required _____
 Ship:
 UPS Regular UPS Next Day
 Please note UPS Next Day service is very expensive. Please call for rates.

Special Handling Instructions _____

***Shipping Information:**
 Shipping Charge is based on weight. Shipping will be added to your total order.
 Prices subject to change without notice.

Subtotal	
Shipping*	
Subtotal	
Sales Tax	
TOTAL	