[NAME OF COSTUME RENTAL COMPANY]
[FULL ADDRESS
PHONE & FAX NOS]

COSTUME RENTAL AGREEMENT

Date: _____ **Order No.:** _____

CUSTOMER NAME:	
Address:	
City/State/Zip:	
Phone Number(s):	
Contact Person (if an organization):	
Type of Organization (if applicable):	
Fax Number:	
Email Address(es):	
Method of Payment:	_____ Cash ____ Company check _____ Credit Card Type of card _____ _____ PO # _____ Deposit paid: $_____
Rental Period:	Pick-up Date: _____ Return Date: _____
Are the rentals for a theatrical production?	_____ Yes _____ No

Costumes & Accessories included in Rental:

Item	Price
[item]	$###.##
[item]	$###.##
Sales tax	$###.##
OR Tax Exempt No. _____	
TOTAL DUE:	**$###.##**

This rental is subject to the Terms & Conditions on [page ## / the reverse page] of this Agreement.