



People's
Light

Costume Rental Agreement

1. Renter Information

1. Contact Name: _____
2. Contact Email: _____
3. Contact Phone: _____
4. Name of Organization: _____
5. Type of Organization: (TV, Film, For-Profit Theater, Professional Non-Profit Theater, Opera, Educational Institution, Community Theater, Photography)

2. Name of show: _____

3. Run dates (first and last performances): _____

4. First Fitting/Costume Arrival Date: _____

5. Billing Information:

1. Contact name: _____
2. Contact phone: _____
3. Contact email address: _____
4. Billing address: _____
City: _____
State: _____ Zip: _____

6. Shipping Information:

1. Contact name/ title: _____
2. Contact phone: _____
3. Shipping address: _____
City: _____
State: _____ Zip: _____
(Please specify residence or business): _____
4. UPS or FedEx account number if available: _____

7. How did you hear about us? (optional)

8. Credit Card Authorization:

In order to safely store credit card information, we will a customer profile for you through Square. Before we can process payment, we must have the credit card authorization form signed. Please fill out the bottom section only with your name and signature. For security purposes we do not want you to email copies of your credit card information. When a People’s Light representative contacts you via phone for payment, we will fill in the rest of the information. After uploading to your customer profile on Square, the form will be destroyed.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

People’s Light only:

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

Renter fill out:

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

By signing below, I certify that I have read and agree to the Rental Policies document.

Name: _____

Title/Position: _____

Email: _____

Phone: _____

Date: _____

Signature: _____

Please fill out this form completely and turn it in with your order form.

Rental requests will not be pulled, held, or guaranteed without a completed rental agreement on file.

Email completed form to costumerentals@peopleslight.org

If you have more questions, please call us at 610-647-1900 ext. 131 or email costumerentals@peopleslight.org