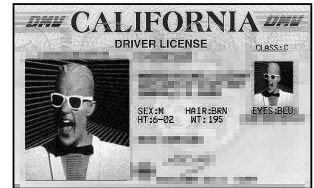


**WESTERN COSTUME CO.**  
*A Tradition of Service*

11041 Vanowen Street  
North Hollywood, CA 91605

Tel. (818) 760-0900 \* Fax. (818) 508-2190



***\*REQUIRED: I have attached copies of my credit card and Driver's License.***

DATE:

TO:

FAX # :

PHONE #:

RE:

**AUTHORIZATION of CREDIT CARD USE**

CARD HOLDER'S NAME : \_\_\_\_\_

CREDIT CARD  
BILLING ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL # : \_\_\_\_\_ HOME # : \_\_\_\_\_

WORK # : \_\_\_\_\_ PAGER # : \_\_\_\_\_

FAX # : \_\_\_\_\_ EMAIL : \_\_\_\_\_

I hereby grant permission to \_\_\_\_\_,  
(Please insert Western Costume Co. or authorized user's name - PLEASE PRINT)

to make charges at Western Costume Co. on my credit card, \_\_\_\_\_,



credit card # \_\_\_\_\_, security code # \_\_\_\_\_

which expires on \_\_\_\_\_.



***\*REQUIRED: I have attached copies of my credit card and Driver's License.***

I authorize any loss and / or damages, late rental fees, alterations, labor, dry cleaning, shipping or handling, and restock fees to be charged on the above credit card supplied.

< CHECK BOX TO RETAIN CREDIT CARD FOR OUR PERMANENT FILE

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Print Name of Credit Card Holder

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN TO FAX # (818) 508 - 2190**