

Date:

To: Costume Gallery LLC
11 E. Broadway
Derry NH 03038
603-434-0627
Fax 603-432-2363

From: Name _____
Address _____
City/State _____ Zip _____
Telephone _____

Dear Costume Gallery
Costume Gallery LLC is authorized to charge my credit card

_____ with an expiration date
of _____ for the purpose of a costume rental and/or security
deposit. I understand all sales are FINAL.

Amount: \$ _____

Signature _____ Date _____