ORDER FORM

All orders C.O.D. except established accounts and schools with P.O. numbers.

THEATRICAL COSTUME COMPANY
1226 Linden Avenue, Suite 122
Minneapolis. MN 55403
(612) 339-4144

Today's Date _____
Name of Production _____
I/We need delivery by _____
(Be sure to fill out shipping instructions below.)
PAYMENT: C.O.D.____ Check enclosed ____
P.O. Number:

A	B	C	D	E	F	G	H	I
QTY.	SIZE	COLOR	DESCRIPTION	UNIT PRICE	DISCOUNT**	NET (E-F)	TOTAL (AxG)	FOR TC USE
						Subtotal		
						Sales Tax		
						Shipping*		
						TOTAL		

BILL TO:
Name of Organization _____
Name of Contact Person _____
Street Address _____
City/State/Zip _____
Telephone: _____

IF ORDER IS TO BE SHIPPED TO A DIFFERENT ADDRESS, PLEASE INDICATE.

SHIP VIA (Please circle one):

UPS UPS 2 DAY PARCEL POST WILL PICK UP
BUS UPS 1 DAY FIRST CLASS POSTAGE

**Discounts available on makeup.

*Cash orders must include $7.50 or 7% of the total order, whichever is higher, for shipping and handling.

THANK YOU!!