



SPECIAL EVENTS CUSTOMER CHECKLIST

CUSTOMER INFORMATION

Client Name:	
Client Address:	E-mail Address:
	Phone Number:

Please be sure to include the following information:

Signed Terms and Conditions	
Signed Copy of Invoice	
Deposit:	Check Enclosed for deposit
	Credit Card (please initial _____ if using credit card for 50% deposit)
Credit Card Information (required for all orders)	
Name on Card:	Card Type (select one): Mastercard Visa
Card #:	Expiration Date: Security Code # (last 3 digits on back of card):
Billing Address:	
Delivery Address and Venue Name	
On Site Contact (please include name AND phone number of person to contact the day of event with any set up questions)	
Name:	Phone #:
Preferred Delivery Date:	
Preferred Pick Up Date:	