



410 Jersey Ave.  
Gloucester City, NJ 08030  
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## Company Profile

Company Name \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**YOU MUST PROVIDE A COPY OF YOUR TAX ID, AND COMPANY LETTER HEAD OR A BUSINESS CARD**

## Delivery Information

Delivery Address \_\_\_\_\_ (check one) Residential \_\_\_\_\_ Commercial \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Payment Information / Credit Card Authorization

Card Holder Name \_\_\_\_\_ Print name as it appears on credit card

Credit Card : American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Sec Code \_\_\_\_\_

**YOU MUST PROVIDE A COPY OF YOUR CREDIT CARD FRONT AND BACK PRIOR TO THE ORDER BEING CHARGED.**

I hereby authorize TableTop Fashions, Inc. to charge my credit card in full for any order placed by me. I understand that this order is a non-refundable order and that I am renting linens which are charged for time out plus any shipping charges that may occur. I also understand that additional rental fees can accumulate if linens rentals are not returned on time. If any damages or any shortages occur from my rental order I authorize TableTop Fashions, Inc. to charge my account for these items.

Signature \_\_\_\_\_ Date \_\_\_\_\_