

Rent-a-Costume Rental Agreement

Please read the terms and conditions carefully.

1. Rentals/ returns by appointment only.
2. Full rental amount is due upon receipt of the invoice. No exceptions.
3. A mandatory \$150 deposit is required for all rentals. The deposit may be applied toward the rental fee at the time of the invoice if the renter desires, otherwise it will be returned to the renter upon return of costume.
4. Costumes must be returned within following closing due date. Costumes returned after due date will be charged a \$50 per day fee unless other arrangements have been made.
5. No eating, drinking, or smoking in costume.
6. Items must be returned clean, including any make-up on the garment.
7. No alterations are to be done to any rented costume. No cutting of fabric or seam allowance, No clipping into seams, No dyeing or distressing of any kind is allowed. Failure to observe will result in being charged the full \$500 replacement cost of the costume. No exceptions.
8. Do NOT use tape or adhesive for labels or quick repairs. Failure to observe will result in being charged the full \$500 replacement cost of the costume.
9. The renter assumes responsibility for replacing any costume that is lost, damaged or destroyed for any reason. The replacement cost is \$500.
10. Costume Caterers is not responsible for any accident, injury, or illness arising from the use of our costumes.

By signing below, the Renter agrees to return the rented items within the specified parameters, assumes responsibility for cleaning the costume items and takes full responsibility for any costume items rented if it/they are damaged, lost or stolen.

Signature _____

Date _____

Rent-a-Costume.com

info@rent-a-costume.com

469-737-9999

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Please read the terms and conditions carefully.

Rental Start Date: _____ **Rental Due Date:** _____

RENTAL INFORMATION

Contact Name: _____

Phone: _____ E-mail: _____

Mailing Address _____

City _____ State _____ Zip _____

I have read and understand the Costume Rental Policies and agree to abide to them.

Print Name _____

Signature _____ Date _____

For Office use only

Item Description	Quantity	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPOSIT AMOUNT: _____ Payment type: _____ Date paid: _____

TOTAL RENTAL: _____ Date Returned: _____
- Deposit/Adjustments _____ Payment type: _____

TOTAL REFUND: _____ Date Paid: _____
