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## Credit Card Payment Authorization Please complete, sign and return to Limelight Productions, Inc.

www.limelightproductions.com

Amount:	(If shipping is TBD, it will be added later.)
	or product
Ref Quote #	or product
Company Name:	
Name as it appears on Credit Card:	
Address where you receive	ve your credit card statement (billing address):
Phone number:	
Fax number:	·
Shipping address:	
Email address:	
Return Policy:	All returns must be pre-approved by Limelight Productions, Inc. and returned pre-paid with a letter indicating date of purchase, reason for return and invoice number. Limelight will accept returns within 5 days of receipt provided items are undamaged, in original, unopened cartons and resalable condition. A 25% restocking charge may be assessed. Limelight will not accept returns on make-up and make-up accessories, or custom ordered/ manufactured goods. Rental cancellation may incur additional prep and expense charges.
No Refunds:	Authorized returns will be issued Store Credit ONLY.
	uctions, Inc. to charge my credit card listed above for the invoice amount plus agree to abide by Limelight Productions, Inc. return policy.
Authorized Credit Card Si	gnature Date Signed
The information below	will be securely stored on file for the length of time recommended by your credit card company.
Please circle one:	Visa   MasterCard   AmericanExpress   □ Credit     □ Debit
Credit Card Number:	
Expiration Date:	MM/YY CC Security #: