

ALTERNATE ADDRESS RELEASE FORM

ORDERED TAKEN BY		DATE PREPARED		WT USE ONLY – MGMT APPROVAL		
CUSTOMER INFO	NAME		Member ID			
	STREET ADDRESS					
	CITY		STATE		ZIP	
	DAYTIME PHONE		EVENING PHONE			
	EMAIL			WT USE ONLY:		
PAYMENT INFO	CASH	CREDIT CARD (LAST FOUR DIGITS)#		EXPIRATION DATE	CVV2	
	NAME ON CARD		BILLING ADDRESS ZIP CODE		WTD USE ONLY	
ALTERNATE ADDRESS REQUESTED	NAME (MUST BE SAME AS PAYER)			SPECIFY YOUR RELATIONSHIP TO THIS ADDRESS:		
	SHIPPING ADDRESS					
	CITY		STATE		ZIP	
	DAYTIME PHONE		EVENING PHONE			
	EMAIL			WT USE ONLY: ORDERED: ____ / ____ / ____ DB ENTRY: ____ / ____ / ____		
PRICING	INVOICE/FULFILLMENT #:					
	TOTAL:					



WORLDONE DANCE "ALTERNATE ADDRESS" RELEASE

By signing below, I acknowledge the correctness of the order details above. I also acknowledge that by signing, I hereby authorize Worldtone Dance to charge my credit card for the purchase items and shipping price quoted above. I understand that the merchandise will be shipped to a shipping address other than my billing address and I assume full responsibility for the shipment after it departs from Worldtone Dance. I also acknowledge that by signing this form I allow Worldtone Dance to use the above alternate address as my shipping address until the end of the current year. Since I have chosen to ship to an alternate address, I waive the right to dispute this credit card charge for any reason through Worldtone directly or through my Credit Card issuing company. (A copy of this form shall be as valid as the original)

SIGNATURE X		DATE
PRINT NAME		