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PLEASE COPY  
THIS FORM FOR  
ADDITIONAL  
ORDERS

☐ WHOLESALE    ☐ RETAIL    ☐ NEW ACCOUNT    ☐ ESTABLISHED ACCOUNT

Parent Co.	Jenga Tech Solutions	Contact	0719-656	Position	Web Developer
URL TO:		SWP TO:	<input type="checkbox"/> Same		
Name		Name			
Address		Address			
City		State		Zip	
Phone ( )		FAX ( )		Phone ( )	
				FAX ( )	

DATE ORDERED	DATE REQUIRED	SHIP DATE	REP	CUSTOMER #
PO#	BACK ORDERS ACCEPTED	CANCELLATION DATE	TERMS	
	Y / N			

CREDIT CARD COMPANY \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HOW SHIP: ( ☒ UPS\* ) ( ☐ UPS NEXT DAY ) ( ☐ 3 DAY SELECT ) ( ☐ 2ND DAY ) ( ☐ REG. GROUND )

(☐ **FEDEX**) (☐ **PRIORITY**) (☐ **STANDARD**) (☐ **ECONOMY**) FEDEX # \_\_\_\_\_

OTHER \_\_\_\_\_

\*NOTE: UPS CANNOT SHIP TO P.O. BOXES. PLEASE TO GIVE A STREET ADDRESS FOR SHIPMENTS

[illegible]

Customer Signature \_\_\_\_\_