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PLEASE COPY  
THIS FORM FOR  
ADDITIONAL  
ORDERS

☐ WHOLESALE    ☐ RETAIL    ☐ NEW ACCOUNT    ☐ ESTABLISHED ACCOUNT

Parent Co. _____	Contact _____	Position _____
<b>EMAIL TO:</b>	<b>SHIP TO:</b> <input type="checkbox"/> Same	
Name _____	Name _____	
Address _____	Address _____	
City _____ State _____ Zip _____	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