



CONFIDENTIAL

Fax: 920-262-2870
Mail: Custom Shoppe Accounting Department
300 Air Park Drive
Watertown, WI 53094

Deposit

The following credit card information is confidential and will be kept in The Custom Shoppe Accounting Department. It will only be used if the noted attendee(s) do not arrive at the scheduled Custom Shoppe Workshope. \$100 per person will be debited if they do not arrive.

Today's Date: _____
Store Name: _____
Contact: _____ **Phone:** _____

Attendee Information

This credit card is to guarantee the attendance of the following attendees: _____

Credit Card Information

At this time, we are only able to accept Master Card or Visa
Name on card: _____
Billing Address: _____
Credit card # _____
Expiration date: _____
Signature of card holder: _____

Please fax or mail this completed form to the Custom Shoppe Accounting Department.
There will not be a confirmation until your deposit information is complete.