



FANTASIA FAIR LTD.

**P.O. Box 161
Cambridge, Mass. 02140**

REQUEST FOR ACCEPTANCE OF
PERSONAL CHECKS

NOTE: Due to the increasing risk of accepting out-of-town personal checks under the conditions present at Fantasia Fair, the following information must be properly filled out and VERIFIED before personal checks can be honored. The information on this form will remain strictly confidential unless a personal check is refused TWICE by a bank.

FULL LEGAL NAME _____

ALSO KNOWN AS _____

PERMANENT HOME ADDRESS _____

CITY-STATE-ZIP _____

HOME TELEPHONE (_____) _____ - _____

NAME OF BANK _____

CITY _____ ACCOUNT NUMBER _____

BANK PHONE NUMBER _____

AUTOMOBILE: MAKE _____ YEAR _____ COLOR _____

STATE _____ LICENSE # _____ REG. # _____

OPERATOR'S LICENSE: STATE _____ NUMBER _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

CREDIT CARD(S) NAME NUMBER

CONDITIONS

Upon approval, Fantasia Fair will accept personal checks from the above applicant for the purpose of payment of fees in accordance with Fantasia Fair activities. If a check issued by the above applicant is returned to Fantasia Fair, having been dishonored twice by the bank of the applicant, Fantasia fair reserves the right to take any and all action necessary to secure payment of the dishonored checks.

I have read the above and find it satisfactory. I hereby give Fantasia Fair my permission to telephone my bank, charging the call to my home phone number, for the purpose of verifying checks. I hereby release Fantasia Fair from all liability concerning procedures necessary to collect dishonored checks.

LEGAL SIGNATURE _____ DATE _____

