



**SIDESHOW**

### ALTERNATE SHIPPING ADDRESS AUTHORIZATION FORM

Our Credit Card Policy requires all shipments to be sent only to the billing address of the credit card holder or his/her place of business; therefore, we cannot redirect packages to another address without written authorization.

*If you would like to send your package to an alternate address or freight forwarder, then we must receive this requested information before we can ship your order.*

**Card Holder Declaration:**

I, \_\_\_\_\_, am the legal card holder of the credit card noted below and authorize Sideshow, Inc. to send my order # \_\_\_\_\_ to the alternate address that I have provided below. I acknowledge that the new shipping address is different from the one originally provided on my order, and release Sideshow Inc. from any liability in the event where theft occurs to the shipment after delivery is completed, as per the records of the carrier. If I am shipping to a freight forwarder, I also acknowledge that damages cannot be replaced, unless there is a clear manufacturer's defect in the item, as damages will be assumed to have occurred while in the possession of the freight forwarder. Any defect replacements will be shipped back to the provided address of the freight forwarder and shall be my financial responsibility to arrange shipment from the forwarder to my destination.

\_\_\_\_\_  
Payment Holder Signature

\_\_\_\_\_  
Today's Date

**ID Requirements:** (Please make sure you have entered the credit card below into your online account)

Mastercard

Visa

Discover Card

PayPal

\_\_\_\_\_  
Last 4 digits of Card # (or email address, if using PayPal)

\_\_\_\_\_  
Expiration Date (if applicable):

\_\_\_\_\_  
Month/Year

**Card Holder Billing Address:**

Card Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**New Shipping Address:**     Residential     Business     Freight Forwarder

Name: \_\_\_\_\_ Business name (Req. if selected) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone Number at address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOW:** Fax this completed form to (805) 214-2190 or email them to [support@sideshow.com](mailto:support@sideshow.com) with the Subject line:

Order # \_\_\_\_\_ Credit card / ID Verification form.

Live Chat support at [www.sideshow.com](http://www.sideshow.com) • Business Hours: Monday – Friday, 6 am – 6 pm (PST)

U.S. Toll Free Ph: (855) SIDESHOW • Int'l Ph: (805) 214-2100

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