



MUSIC THEATRE INTERNATIONAL

REFUND CHECK PAYEE CHANGE REQUEST

ORGANIZATION INFORMATION

Organization: _____ MTI Account Number: _____
 Your Name: _____ Title: _____
 Email: _____ Phone: (____) _____ Fax: (____) _____

REFUND INFORMATION

Name of Show Check will be issued for: _____ Booking Number: _____
 Please send refund check to the following address:
 New Payee Name: _____
 Shipping Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____

AUTHORIZATION

This payee change is being requested for the following reason(s): _____

By signing below, you agree that you are a certified representative of the above named Organization with the authority to make this request. You agree that MTI's compliance with this request constitutes an accommodation to the Organization. The Organization agrees to hold MTI and its related parties harmless from and against any and all claims asserted against MTI, and any damages, losses or expenses incurred by MTI, as a result of refunding the security fee to the above-referenced payee.

Print Your Name

Signature

Date

PLEASE MAIL OR FAX COMPLETED FORM TO **MUSIC THEATRE INTERNATIONAL**

ATTN: Accounts Payable

421 West 54th St., 2nd Fl., New York, NY 10019

(p) 212.541.4684

(f) 212.707.1487

ap@mtishows.com