# Sadler's Wells / Peacock Theatre / Angeltix

**Letter of Authorisation**

Dear customer

This document authorises a third party to **collect** tickets booked in your name, or for a third party to **make alterations** to your booking without the need for further consultation with yourself.

Please complete all fields marked with '*', and send your completed form as a scanned attachment to tickets@sadlerswells.com, or fax to 020 7863 8016.

| | |
|---|---|
| Booking Reference*: | |
| Name of Original Booker*: | |
| Postcode of Original Booker*: | |
| Last 4 digits of credit card used to make payment*: | |
| Contact Telephone number: | |
| Name of Show/Production*: | |
| Date / Time*: | |
| Seat Numbers (if known): | |

I authorise the person named below to collect tickets on my behalf and/or to make alterations to this booking without further consent from me. I confirm that all details given here are accurate and that if required, Sadler's Wells may pass on this information to the credit / debit card issuer.

| | |
|---|---|
| Full name of person collecting / altering booking*: | |
| Signature of booker* | |