SPECIAL ORDER

Today's Date: Sales Consultant:					Wear Date:		
Dress Order #:	Date:		Shipping:		Conf. #		
Shoe Order #:	Date:		Shipping:		Conf. #		
Other Order #:			Shipping:		Conf. #		
Other Order #:	Date:		Shipping:		Conf. #		
			omphing.		1001111.11		
NAME: Address:							
			Ctata		7in:		
City:	lwiz Bu		State:		Zip:		
HM. PH.	WK.PH.	Τ.	Email:			1.	
Dress Co.: Style #:			Color: \$				
Shoe Co.:		Style #:		Color: \$			
		Style #:			\$		
Other: Style #		Style #:	Color:			\$	
			OR	DER NOTES:	MEASUREMEN ⁻	TS:	
					SIZE:		
					BUST:		
					WAIST:		
					HIPS:		
					HEIGHT:		
STAPLE RECEIPT					WEIGHT:		
					I agree 100% with the above		
				measurements and I understand		understand	
					that the dress being ordered for me will not be made to my measure- ments. I understand that there will be alterations needed. I understand that there is a charge for alterations. I understand that my dress as well as any and all alteration fees must be paid in full before alterations will		
HERE							
					begin.		
					Х		
					I am requesting a diff	erent size	
					than I measure and I	understand	
					that I am still respons	sible for	
					purchasing this dress	if it does not	
					fit.		
					Х		
Additional Notes:							