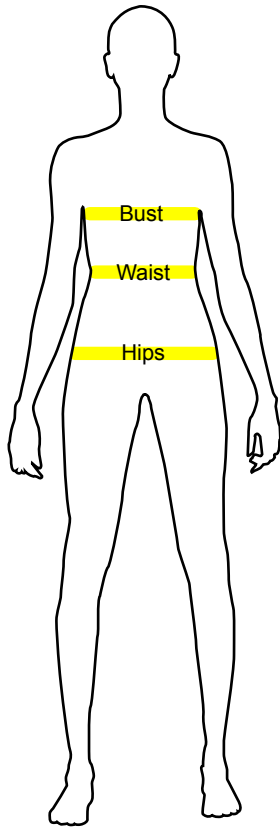


Patricia South's The Bride's Choice

4066 West Broward Blvd.
Plantation, Florida 33317
tel (954) 791-6007
fax (954) 791-6028
info@abrideschoice.com
www.abrideschoice.com

Bridal Attendant Measurement/Payment Form



Wedding Information

Bride's Name _____ Wedding Date _____

Contact Information

Name _____

Address _____

Phone _____

Cell Phone _____

Ship dress to me - Add \$15

Address (if different from contact address)

Name _____

Company _____

Address _____

Dress Information

Style Number _____

Price _____ Payment Required _____

Measurements

Bust _____ Waist _____ Hips _____

Height _____ Shoe Size _____ Normal Dress Size _____

Size Selection

Size According to Size Chart

Size I Choose to Order

I accept full responsibility for the size I chose.

All of the above information is correct and may be used to order my dress.

X _____ Date _____

5'7" or taller (without shoes): You may need extra length. There is an additional charge of 10% of the cost of the dress for this, which will be included in your bill. If you do not want extra length, you must assume responsibility if the gown does not fit properly by signing here. X _____ Date _____

Sizing: If for any reason (i.e. pregnant, dieting, etc.) you do not wish to determine a size based on your measurements, you may request a size by assuming responsibility for that size by signing here. Size requested _____
X _____ Date _____

Size 16 or larger: There is an additional charge of 10% of the cost of the dress for sizes 16 and above. This will be included in your bill.
X _____ Date _____

* All Bridal Parties of 5 or more attendants will receive \$20 off per dress.

PLEASE HELP US ORDER YOUR GOWN CORRECTLY!

Be accurate when measuring, as all sizes are determined by the measurements given to us. Dress size is determined by comparison of your measurements with the manufacturers sizing charts. If unusual corrections are needed due to any mis-information, you must bear the cost of any additional fabric or labor. *Do not measure too tightly.

PAYMENTS

CHECKS: Mail check, along with this form to the above address.

CREDIT CARD: Fax (954)791-6028 or mail this form with the following information.

Credit Card # _____ Exp. Date _____

X _____ Date _____

Please return this form, along with your payment as soon as possible. THANK YOU!