

BRIDESMAID MEASUREMENT FORM
(Complete and mail or fax with **deposit)**

Bride's Name _____ Wear Date _____
Bridesmaid's Name _____ Home # _____
Address _____ Work # _____
City _____ State _____ Zip Code _____

BRIDESMAID DRESS INFORMATION

Dress Manufacturer _____ Style # _____
Color/Fabric _____ Price _____

When you can't come to our store to be sized in person, you are responsible for providing accurate measurements. Our sales consultants can suggest a size according to charts furnished by the manufacturer, but the final decision regarding size is yours. The size you choose will be **your** responsibility. Please note that the manufacturer's size chart is standardized for all of their styles. Gowns can always be taken in, but can't always be let out if the size ordered is too small. Bridesmaid dresses tend to run 1 - 2 sizes smaller than regular clothing.

These are my **actual** measurements. Measured: _____ personally or _____ by a reliable bridal shop/seamstress. I accept responsibility for supplying accurate measurements.

Bust _____ Waist _____ Hip _____ Height _____

Usual Dress Size _____ Do you want the dress shipped to you? Yes No

I have read the above information and understand that I am responsible for providing accurate measurements and choosing my own size and to accept responsibility for that size. There are no size exchanges in the bridal industry. I also understand that all sales are final: No returns, No refunds, No exchanges: NO EXCEPTIONS!

Please order me size (Refer to manufacturer's size chart) _____

Signature (Required): _____

A 50% deposit is required to place an order for a bridesmaid dress. Bridesmaids dresses cannot be ordered until all deposits and measurements have been received. Bridesmaids who are having their dress shipped out of state are not required to pay sales tax, but must pay a \$15.00 shipping charge - All others must pay 6% Pennsylvania sales tax. Balances are due within 30 days after dresses are received by our shoppe and prior to shipping or alterations.

PAYMENT METHOD (Please Circle) Check Visa MasterCard

Account # _____ Expiration Date _____

I hereby authorize The Wedding Shoppe to charge the above account the following amount:

Signature _____ Amount \$ _____