

BRIDEMAID'S ORDER FORM

Please print out, complete and fax this order form to (08) 9446 7472

Bride's Name _____
Wedding Date _____
Bridesmaid's Name _____

Check if Maid of Honor

BRIDESMAID CONTACT INFORMATION/SHIPPING ADDRESS

Street _____ Apt. _____
City _____
State _____ Postcode _____
Home Phone _____
Work Phone _____
E-mail _____

Please tick for pick-up

DRESS INFORMATION

Style Number(s) _____
Fabric _____
Colour _____ Trim _____
Dress Size _____
Top Size _____ Skirt Size _____
Flower Girl Dress _____
Wrap _____
Ties, Colour/Fabric _____ Number _____
Bag _____

PAYMENT INFORMATION

If you will be paying for all or some of your bridesmaid's dresses, please include information below:

Cost of All Pieces _____ +
10% GST _____ +
\$15.00 Shipping and handling per dress _____ =
TOTAL COST _____

Check Number _____ Exp.
 Credit Card Number _____
Post Code of Billing Address _____

I understand that all sales are final and there is a no exchange/no return policy. I have consulted the sizing chart/sales person and signed off on my size. If I offer credit card for my payment method, I authorize Samantha Wynne to charge my credit card for the above amount.

SIGNATURE _____ DATE _____

The order must have a signature in order to be placed.