

Affordable Bridal, Inc.

1433 Buford Highway Ste. A, Buford, GA 30518 (770) 932 - 9772 (770) 932 - 5434 fax

**Custom Order Form** 

| Bride's Name: | Wedding Date: |  |
|---------------|---------------|--|
| Your Name:    | Phone Number: |  |
| Addross       |               |  |

\*\*PLEASE NOTE: Measurements should be taken by a professional seamstress. The waist measurement should be taken above the belly button, at the natural waist. All dresses will be cut to each individual designers size chart, and NOT to your measurements. Measurements are only used to assist you in choosing the closest size. Those above 5'9" in height may require extra length, which is an additional cost (for 5 inches extra). Some manufacturers also charge an additional fee for plus sizes, usually starting at a size 16. Designer dresses usually run very small, so please check the size chart to your measurements when choosing your size.

Measurements (in inches):

| Bust:           | Waist: | Hips:       |               | Height:                 |
|-----------------|--------|-------------|---------------|-------------------------|
| Dress Designer: |        |             | Style Number: |                         |
| Dress Color:    |        | Dress Size: |               | Extra Length: YES or NO |

Dress pick up at the store for no additional charge: YES or NO

Ship dress to my address (additional \$37.10): YES or NO

Please sign and date below:

I understand that ALL SALES AND DEPOSITS ARE FINAL, and there will be NO EXCHANGES, RETURNS, OR CANCELLATIONS. I understand that these dresses are not made to my measurements, and that Affordable Bridal, Inc. is not responsible for the fit of the dress upon arrival since I am choosing my own size based on the measurements I provided. I understand that alterations are typically required to fit my gown properly, and these are not included in the cost of merchandise.

| Signature: | Date: |
|------------|-------|
| 0          |       |



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## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Affordable Bridal Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. If you are only paying a deposit, you will need to send in another authorization form to pay the balance.

## Please complete the information below:

| Ι                             | authorize  | e Affordable Bri | dal Inc. to charge | e my credit card    |
|-------------------------------|------------|------------------|--------------------|---------------------|
| (full name)                   |            |                  |                    |                     |
| account indicated below for   |            | on or after      |                    | This payment is for |
|                               | (amount)   |                  | (date)             |                     |
| (description of goods/serv    | ices)      |                  | (Brides Name/We    | dding Party)        |
| Billing Address               |            |                  | Phone#             |                     |
| City, State, Zip              |            |                  | Email              |                     |
| Account Type: Visa            | MasterCard | Discov           | er                 |                     |
| Cardholder Name               |            |                  |                    |                     |
| Card Number (last 4 digits)_> | <u> </u>   | X                |                    |                     |
| Expiration Date               |            |                  |                    |                     |
| Card Billing Zip Code         |            |                  |                    |                     |
|                               |            |                  |                    |                     |

\*\*\* In order to protect your personal information, please call our store with your full card number and 3 digit security code, so your payment can be processed.

SIGNATURE

DATE \_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand all sales/deposits are final, and that were will be no exchanges, cancellations or refunds made of any kind.