

Order Form – DRESS MARIANA

Appointment Date: _____ Physical address: _____

Name and surname: _____ Work address: _____

Email address: _____ Work tel no: _____

Cell phone no: _____ Residential address: _____

Wedding date: _____ Home landline no: _____

Where did you hear about Wedding Wish? _____

Body Measurements	Client name	Client name	Client name	Client name
STYLE NAME				
1. Above bust				
2. Full bust				
3. Below bust				
4. Waist				
5. Hip				
6. Top of boob-tube to waist				
7. Waist to hem				
Which type of hemline? (Straight, pointed or high-low)				

Full dress description including colour and all extra detail				
--------------------------------------------------------------	--	--	--	--