

CUSTOM GARMENT ORDER FORM

CALIFORNIA

RHODE ISLAND

CUSTOMER NAME		ORDER INFORMATION:	
000101111111111111		ITEM	
		FABRIC	
		MODEL:	
		SIZE	
		CUSTOMER HEIGHT	
ORDER DATE:		CUSTOMER WEIGHT	
DRESS HABIT: (PLEA	SE CHECK ONE)	MODEL: (PLEASE CHECK ONE)	
SLIGHT SHORT			
SLIGHT LONG		REGULAR	
NECESSARY BODY MEA		NECESSARY BODY MEASUREMENTS: PA	ANTO
NEON.	INCH		MIS
NECK		INCH	
CHEST		WAIST	
WAIST		SEAT	
STOMACH		THIGH	
SEAT		U-RISE	
BICEP		IN SEAM	
SHOULDER		IN SEPAN	
RIGHT SLEEVE			
LEFT SLEEVE			
BACK LENGTH			
FRONT SHOULDER			
PRECIAL INSTRUCTIONS		MONOGRAM:	
		COLOR	
SPECIAL INSTRUCTIONS	5	PLACEMENT	
		CUSTOMER SIGNATUR	<u>E</u>
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