

18449 Brookhurst St., Suite One Fountain Valley, CA 92708 Phone (714) 593-5900 Fax (714) 593-4900 E-Mail: manager@theweddingday.com

Authorization Form

Date:	_				
				ling Day to use this	
credit card to charge the	cost of the mer	chandise orde	red.		
Pay 55% deposit r	ow. Pay balance	when mercha	indise arrives.	\$	
Pay total balance r	iow.		Total:	\$	
I authorize	I authorize (full name) to pick up my dress that was				
purchased by me,		(full	name).		
Credit Card Type: VIS	SA MAST	ERCARD	DISCOVER	AMEX	
Credit Card Number:					
Expiration Date:					
V-Code (security code of	n card):				
Cardholder's Name:					
Cardholder's Add., C., S					
Cardholder's Phone:					
Cardholder's Signatur					
Bridal Party:					
Designer:	Style No		Dress Length: Short/Cocktail/Knee/Tea/Floor		
Color:		Fabric:			
Measurements: Bust	Waist	Hips _	Heigl	ht:	
* Please call The \	Vedding Day to	review size	charts before	sending to us	
Size Chosen:	Extra Le	ength: Yes/N	No Ship to Custor	mer: Yes / No	
I take responsibility for the salterations will be required at a is a final sale, changes and cachanges and cancellations matotal order. I further understendire bridal party.	an additional fee to fi ncellations are not a de prior to the order	nalize the fit of n vailable once the being placed wi	ny dress. I understand order has been place Il result in a consulta	d that this requested order ed. I also understand that tion charge of 25% of the	
Signature:				_	