

Wedding Gown and Accessories Order Worksheet



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Bridal Salon: _____
WWW: _____
Salesperson: _____
Phone: _____
Fax: _____
Email: _____
Address: _____

Notes: _____

Gown Order

Designer: _____
Fabric: _____
Size ordered: _____
Price: _____
Expected delivery date: _____

Style No./Name: _____
Color: _____
Special requests: _____

Accessories Order

Shoes

Designer: _____ Style No./Name: _____ Size: _____ Price: _____
Description: _____
Expected delivery date: _____

Veil

Designer: _____ Style No./Name: _____ Size: _____ Price: _____
Description: _____
Expected delivery date: _____

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Headpiece

Designer: _____ Style No./Name: _____ Size: _____ Price: _____
Description: _____
Expected delivery date: _____

Gloves

Designer: _____ Style No./Name: _____ Size: _____ Price: _____
Description: _____
Expected delivery date: _____

Wrap/Shawl

Designer: _____ Style No./Name: _____ Size: _____ Price: _____
Description: _____
Expected delivery date: _____

Deposit: _____ Date Paid: _____ Balance Due: _____ Date Paid: _____

Cancellation/Refund Policy: _____

Fitting Schedule

Seamstress: _____
Date & Time: _____
Date & Time: _____
Date & Time: _____

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