



L&R INTERNAL USE ONLY

# TributeNight™ Torso Order Form

## 1 Client and Fitter Information

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Fitter Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

**Style** TT - \_\_\_\_\_  
 Breast Tissue Turgor:  
 Firm Moderate Drape Lax

**Channeling** Chevron Vertical

**Profile** Original Low

**Colour** Black Navy Purple  
 Red Teal Pink

**Modifications**

QTY.	Notes/Placement Instruction
___ Zipper(s)	.....
___ VELCRO® fastener	.....
Closure	.....
Adjustable panels	.....
___ Snap tape	.....

Special Instructions:

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Acct# \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 PO# \_\_\_\_\_

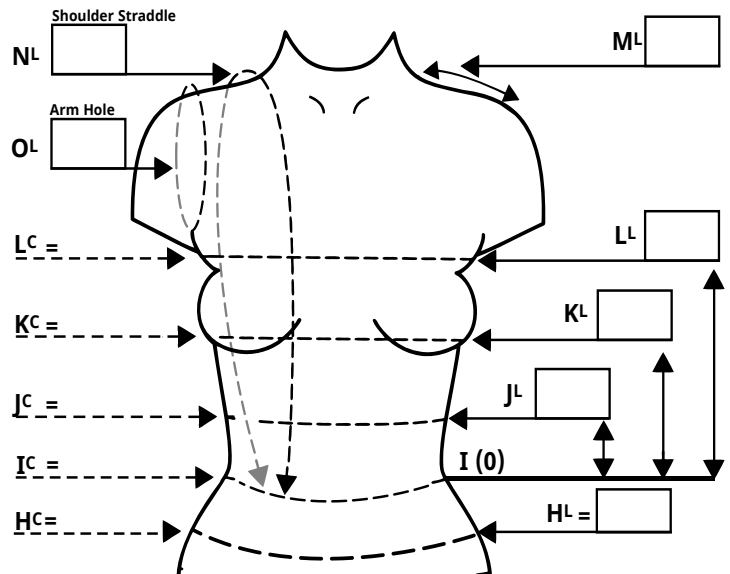
## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimetres)

C = Circumference

L = Length



## 5 Shipping Information

Shipping:  Standard (7-10 Business Days)  
 RUSH Requested Deliver by Date: \_\_\_\_\_

Ship to: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email (shipping notification): \_\_\_\_\_