



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 Slate
 Purple 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# _____

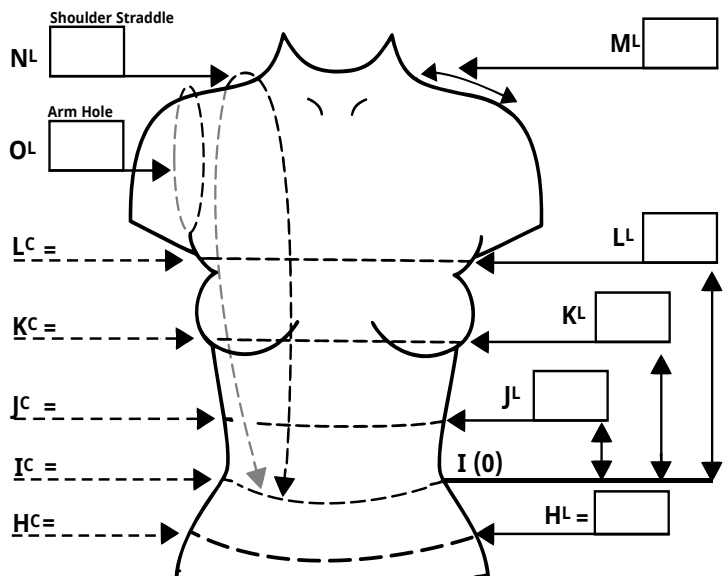
3 Measurements

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): _____