



Bella Sera BRIDAL

Measurement & Payment Form

Wedding Information

Bride's Name _____ Wedding Date _____ Number of Gowns Ordering _____

Name(s) of Bridesmaids for this Order _____

Measurement Information

Name _____

Street Address _____ City/State/Zip _____

Phone _____ Email _____

Bust _____ Waist _____ Hip _____

Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____

Street Address _____ City/State/Zip _____

Phone _____ Email _____

Bust _____ Waist _____ Hip _____

Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____

Street Address _____ City/State/Zip _____

Phone _____ Email _____

Bust _____ Waist _____ Hip _____

Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____

Street Address _____ City/State/Zip _____

Phone _____ Email _____

Bust _____ Waist _____ Hip _____

Designer _____ Style # or Name _____ Color _____ Skirt Length _____



Bella Sera
BRIDAL

Measurement & Payment Form

Measurement Information

Name _____
Street Address _____ City/State/Zip _____
Phone _____ Email _____
Bust _____ Waist _____ Hip _____
Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____
Street Address _____ City/State/Zip _____
Phone _____ Email _____
Bust _____ Waist _____ Hip _____
Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____
Street Address _____ City/State/Zip _____
Phone _____ Email _____
Bust _____ Waist _____ Hip _____
Designer _____ Style # or Name _____ Color _____ Skirt Length _____

Measurement Information

Name _____
Street Address _____ City/State/Zip _____
Phone _____ Email _____
Bust _____ Waist _____ Hip _____
Designer _____ Style # or Name _____ Color _____ Skirt Length _____



Bella Sera
BRIDAL

Measurement & Payment Form

Order Summary

Number of Gowns _____

Cost Per Gown _____

Discount 10% _____
(if bride purchased gown at Bella Sera)

5% MA State Tax (above \$175) _____

50% Deposit _____ Date _____

50% Final Payment _____ Date _____

Total Amount Due _____

Form of Payment

Cash

Check **Please submit check with completed contract and measurement form to:**
Bella Sera Bridal 226 South Main Street Middleton, MA 01949

Credit Card MC _____ Visa _____
CC# _____ Name on Card _____ Exp. Date _____

I have reviewed and acknowledge accuracy of all measurements and payment information.

Signature _____

Date _____