StarDust Celebrations
Special Occasion Purchase Agreement

Date: _____ Bride: _____ Customer: _____ Sales Associate _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Office:_____ Home: _____

Email: _____ Date of Wedding: _____ Date Needed in Salon: _____

SHIPPING ADDRESS (if different than above)

Name _____

Address _____

_____

Telephone _____

May items be left without signature? _____

Gown

Bust_____ Waist _____ Hips _____

Normal Dress Size _____ Shoe Size _____

Normal Height (no shoes) _____

Hollow to Waist_____Waist to Hem _____

Hollow to Hem _____

Customer Signature: _____

Staff _____ 2nd Staff _____

Designer _____Style # _____ Fabric _____

Color _____ Size to Order _____

PURCHASES

_____	$_____
_____	$_____
_____	$_____
Rush Fee	$_____
XL Sizing	$_____
Other	$_____
Sub Total	$_____
Premium	$_____
Total Price	**$ _____**
Deposit	$_____ **(_____)** Tax
Shipping	$ _____

SHOES / HANDBAGS

Manufacturer _____ Manufacturer _____

Style# _____ Style# _____

Size _____ Size _____

Color _____ Color _____

CHANGES REQUESTED

_____

_____

_____

PURCHASE AGREEMENT

StarDust sells only new and unused merchandise, unless the customer has purchased a sample product. All orders are considered custom and require a partial prepayment or full payment upon ordering. Any balances are due upon arrival of the item. There are no cancellations or refunds. Merchandise may not be returned or exchanged. All prepayments are nonrefundable. Items left over 3 months become the property of StarDust; abandoning items does not void any balances due to StarDust. Alterations, delivery, cleaning and heirloom services are available upon request at an additional charge. All fittings are by appointment and are scheduled Monday through Friday. Alterations average $200 - $350. (Please have correct shoes and foundation garments for fittings) Return check charges are $30.00. I understand and agree with these store policies.

I CHOOSE SIZE _____ Customer Signature _____ Date _____

Circle Credit Card Type: **Visa** **Master Card** **Discover** Expiration Date: _____

Name on Card _____ **Card Number** _____

Address on Card _____ **Security Code** _____

Cardholder Signature _____ **Date** _____