Measurement & Order Form

Ardyss® An appointment with Ardyss will change your life.®

Customer Information

Name		Today's Date
Address		
City	State	Zip
Contact Number		
Email Address		

Measurements **Notes**

Bust		
Torso		
Waist		
Hips		
Clothing Size		

Order Information

Quantity	Garment Description & Color or Product	Size	Tax & Ship	Total

Payment Method

Credit Card: VISA MASTERCARD AMEX DISCOVER
Check Number:
Name on Card:
Credit Card Number:
Expiration Date: Security Code (CID):
I authorize Ardyss International to charge the credit card account listed above.
Signature:

Specials - Delivery Preference - Comments