

Shipping Authorization Form

Name: _____

Shipping address: _____

Check here if residential address:

Phone number: _____

Item description(s): Vendor/Style: _____ Size/Color: _____

Service Type: Check below to indicate type of shipping

Bridal & Ball Gowns

<input type="checkbox"/>	Regular Ground (up to 5 days)	\$50
<input type="checkbox"/>	2-day Air	\$75
<input type="checkbox"/>	Overnight Air	\$95

Other Dresses/ Other Items

<input type="checkbox"/>	Regular Ground (up to 5 days)	\$35*
<input type="checkbox"/>	2-day Air	\$50*
<input type="checkbox"/>	Overnight Air	\$65*

* Price for one dress - add \$10 for each extra dress being shipped to the same address in the same box.

Check here if delivery signature required:

If checked, carrier will not deliver unless someone is available to sign for the package.

Your signature: _____

Date: _____

**** RETURN TO STORE OR FAX TO 817-749-0138 ****

<p>For Store Use Only: Item(s) Paid in Full: Initial _____ Date _____ Shipping Paid in Full: Initial _____ Date _____</p>
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