

LAY-A-WAY

Today's Date: _____

Sales Consultant: _____

Wear Date: _____

NAME:			
Address:			
City:		State:	Zip:
HM. PH.	WK.PH.	Email:	
Dress Co.:	Style #:	Color:	\$
Veil Co.:	Style #:	Color:	\$
Slip:	Style #:	Color:	\$
Shoe:	Style #:	Color:	\$
Bra:	Style #:	Color:	\$
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NOTES:

STAPLE RECEIPT
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