



Customer Measurement Form Made-to-Order Outfits

1. Personal Information

Name: _____

Contact Number: _____

Email: _____

Order Date: _____

Delivery Date: _____

2. Measurements (in Inches / cm)

Body Part	Measurement
Shoulder Width	
Upper Chest	
Bust	
Bust Point	
Under Bust / Chest	
Waist	
Low Waist	
Hip	
Blouse Length (shoulder to waist)	
Armhole	
Sleeve Length (short/long)	
Sleeve Round	
Front Neck Depth	
Back Neck Depth	
Lehenga Length / Pant Length	
Thigh Round	
Knee Round	
Any Specific Fit Preference	

3. Terms & Confirmation

- I confirm the above measurements are correct.
- Made-to-order items are non-refundable.

Signature: _____

Date: _____