

*Carolyn Allen's  
Bridals & Tuxedos  
5410 Central Florida Parkway  
Orlando, FL 32821  
Phone (407) 238-2722 Fax (407) 238-9535  
<http://www.CarolynAllens.com>*

**Tuxedo Order Form**

**Customer Name** \_\_\_\_\_ **Group / Party Name** \_\_\_\_\_

Please choose one:  Groom,  Best Man,  Father or  Grandfather **OF**  Bride or  Groom,  Ring Bearer,  
 Groomsman,  Usher,  Guest,  Other: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Arrival Date \_\_\_\_\_ Hotel \_\_\_\_\_ Registry Name \_\_\_\_\_

Fitting Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Event Date	Time	Location
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<i>Measurements</i>	<i>Style Numbers</i>	<i>Price</i>
Height _____	Coat Style _____	Tuxedo _____
Weight _____	Trouser Style _____	Shoes _____
Chest _____	Shirt Style _____	Vest / Misc. _____
Coat Size _____	Vest or Cummerbund _____	Sub-Total _____
Waist _____	Backless vests and cummerbunds are included. Fullback vests may be an additional \$15. See price list for details.	6.5% Sales Tax _____
Outseam _____		TOTAL _____
Neck _____	Neckwear _____	
Sleeve _____	Jewelry Style _____	
Shoe Size _____	Shoe Style _____	
	Style TBL is included. All other styles may be an additional \$15-\$25. See price list for details.	

**NOTES**

- All tuxedos must be returned to the store or hotel bell stand (if delivered) by noon the day after your event or there will be a charge of \$30 per day, per tuxedo billed to your credit card until the tuxedo(s) is returned.
- A **non-refundable** deposit of 50% is due & a credit card number must be provided when order is placed to reserve tuxedo.
- Orders received less than 2 weeks prior to your event will incur a \$30 rush order fee.
- Any changes or cancellations must be received in writing no later than 15 business days prior to your event.

**Payment Enclosed:**  Visa,  MasterCard,  Discover or  Money Order (payable to Carolyn Allen's)

Card # \_\_\_\_\_

CVV2 # \_\_\_\_\_ (3- or 4-digit security code) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card (print): \_\_\_\_\_