



60/40 Payment Waiver

Total Payment Due: _____ **60% Payment Amount** _____ **Remaining Balance:** _____

I, _____ (**name of customer**), understand that I am paying \$_____, which is 60% of the total balance for my purchase. I understand that \$_____, the remaining 40% of the total balance, must be paid no later than 5 business days after the arrival of my garment. I understand that any balance remaining on the garment purchased will be charged to the credit card that I have provided below (The expiration of the credit card you provide must be at least 6 months from today's date).

Name on CC: _____ **Card #** _____ **EXP:** _____ **V #** _____

Address of Cardholder: _____ **Phone# of Cardholder:** _____

Relationship of Cardholder to Customer _____ **Email of Cardholder:** _____

Mia's Bridal & Tailoring cannot provide a specific arrival date for any garment ordered. Once an order is placed with the manufacturer, we are provided with an anticipated shipping date, and we usually receive garments 3-5 business days afterwards. **However, shipping dates are always subject to change.** If your purchase arrives before the estimated shipping date provided, the remaining balance must still be paid within 5 business days of its arrival. If the balance is not paid within 5 days of the gowns arrival, the card on file will be charged. If you would like to use a different form of payment, please contact us promptly at 913.764.9114

All sales are final. No refunds, exchanges, or cancellations. In the event of a cancelled wedding or function, the remaining balance must still be paid within 5 business days and the garment picked up in a timely manner. If the cancellation of an order is made prior to the gown being ordered, all payments are forfeited (regardless of amount paid). Items remaining in store over 60 days from the event date will be donated or sold.

40% PAYMENT SCHEDULE (WG)

Remaining balance for order: \$_____			
	Amount	Date	Processed? DATE/EMP
Initial Payment			
2nd Payment			
3rd Payment			
4th Payment			

40% PAYMENT SCHEDULE (BM)

Remaining balance for order: \$_____			
	Amount	Date	Processed? DATE/EMP
Initial Payment			
2nd Payment			
3rd Payment			

***I agree to the above payment schedule and authorize my credit card to be processed for the above listed payments. I agree to the special order terms and policies in their entirety.**

Signed: _____ **Print:** _____ **Date:** _____