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MADE TO MEASURE ORDER FORM

Date : _____

Order Number: _____

NAME _____

ADDRESS _____

STATE _____

POSTCODE _____

PHONE _____

SIGNATURE _____

TYPE OF SUIT & INTENDED USE

MATERIAL COLOUR & THICKNESS

FRONT ZIP / BACK ZIP

EXTRAS REQUIRED

ADDITIONAL INFORMATION

HEIGHT _____

WEIGHT _____

A. NECK _____

B. CHEST / BUST _____

C. WAIST _____

D. SEAT _____

E. NECK TO WRIST _____

F. THIGH _____

G. KNEE _____

H. SMALL OF KNEE _____

I. CALF _____

J. ANKLE _____

K. CROTCH TO ANKLE _____

L. ACROSS BACK _____

M. NAPE TO CROTCH _____

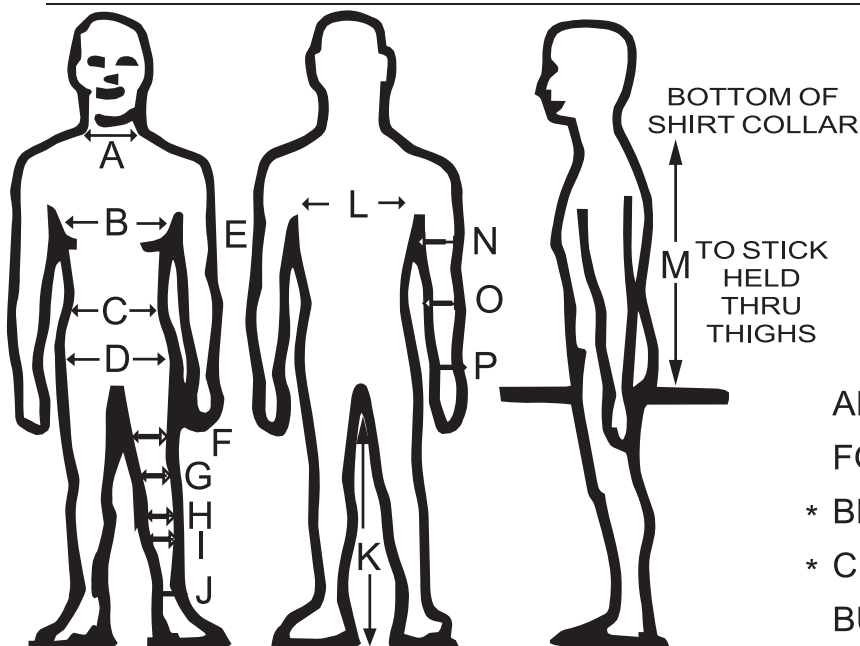
N. BICEP _____

O. FOREARM _____

P. WRIST _____

Q. CROTCH TO HEM
(WHERE YOU WANT SUIT TO FINISH ON LEG)

R. AROUND HEM
(WHERE YOU WANT SUIT TO FINISH ON LEG)



ADDITIONAL MEASUREMENTS
FOR FEMALES

* BRA SIZE _____

* CHEST MEASUREMENT ABOVE
BUST _____

* Please Note: Suit will be made to measurements supplied.
No responsibility will be taken if measurements supplied were incorrect.