

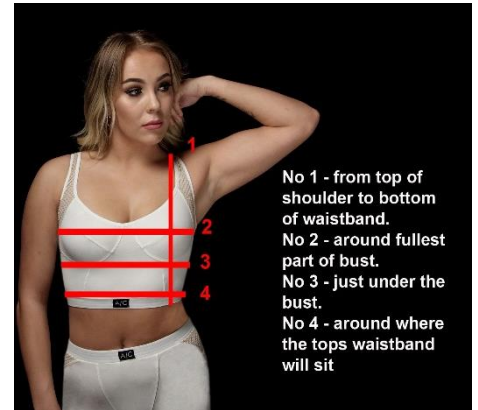


WOMENS PERSONAL MEASUREMENT FORM

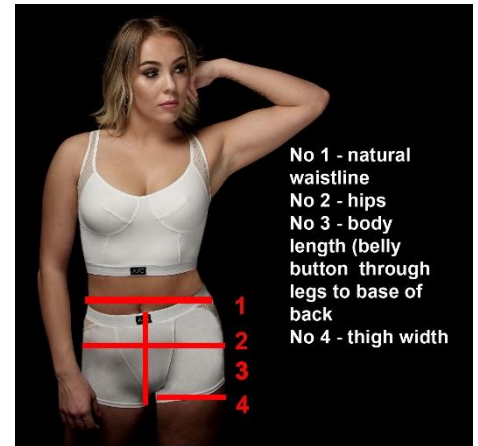
NAME _____ DATE _____

Please only complete the relevant sections for your purchase.

| TOP | Measurements in inches |
|---|------------------------|
| 1 – Shoulder to bottom of waistband in inches | |
| 2 – around the fullest part of bust | |
| 3 just under the bust | |
| 4 – around where the waistband will sit, your base line | |
| Your size – SMALL MEDIUM LARGE – please highlight | |



| BOTTOM | Measurements in inches |
|---|------------------------|
| 1 - Natural waistline | |
| 2 - Hips | |
| 3 - Body Length | |
| 4 - Thigh width | |
| Your size – SMALL MEDIUM LARGE – please highlight | |



ALTERNATION - please give details

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Sent to: acexclusiveunderwear@gmail.com