JOSEPH'S™
CLOTHIERS
EST. 1957

MEASUREMENTS

EXACT DATE TO BE WORN _____

DATE _____

CUSTOMER NAME _____

ADDRESS _____

CITY, POSTAL / ZIP CODE _____ **PHONE** _____

GROOM'S NAME / GROUP NAME _____

COAT

COAT SIZE	CHEST	SLEEVE	NECK SIZE	EXACT WEIGHT	EXACT HEIGHT

TROUSERS

WAIST	SEAT	INSEAM	OUTSEAM

REMARKS

_____

_____

PLEASE READ AND ACCEPT

Articles rented are to be returned in good condition on or before the first business day after date of use.
When articles are received I (customer) will assume all responsibility for damage or loss of rental.
I also agree to pay $30/day for each day kept past the required return date.

☐ **ACCEPT THE TERMS AND CONDITIONS**

DATE _____

CUSTOMER SIGNATURE _____