Alterations Authorization Form

Customer Name : _____ AM Reference # _____

Phone number : _____

Please bring this form with your item(s) to any **Stitch It** location.
For a Stitch It location nearest you, visit www.stitchit.com

Dear Stitch It Employee:

We are authorizing the following repair(s) to our customer's garments.

Alterations Description: Note: Only alterations listed below are approved. Any extra alterations are to be charged directly to the customer.

Pant/Skirt Hem ____ Qty

Sleeve Length: Shorten ____ Qty Lengthen _____ Qty

OR list alteration description:

_____
_____
_____
_____
_____
_____

EXPIRY DATE: _____

Stitch It Associates – Scan this code for correct charge account.

Authorized Signature _____

Name (print) _____

**Do not complete order unless signed and authorized by Andréanne or Veronica.
If you have any questions, please call 204-231-1433 and ask for Veronica.