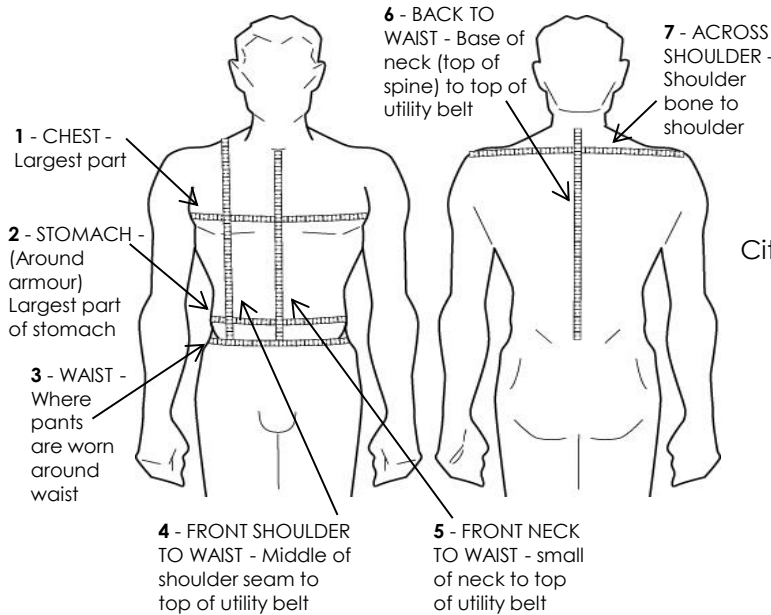




CARRIER SIZE ORDER FORM

COMPLETE ONE FORM PER RECIPIENT



Date: _____

PO #: _____

Name: _____

Phone: _____

Dept: _____

City/Division: _____

ID/Badge: _____

IMPERIAL MEASUREMENTS PLEASE!!

Height: _____ FEET _____ INCHES

Weight: _____ Lbs.

Circle: MALE FEMALE

CARRIER MEASUREMENTS

	INCHES	
1		CHEST
2		STOMACH
3		WAIST
4		FRONT SHOULDER TO WAIST STANDING (TOP OF BELT)
4A		FRONT SHOULDER TO WAIST SITTING (TOP OF BELT)
5		FRONT NECK TO WAIST STANDING (TOP OF BELT)
5A		FRONT NECK TO WAIST SITTING (TOP OF BELT)
6		BACK TO WAIST (TOP OF BELT)
7		ACROSS BACK SHOULDERS

***** PLEASE NOTE *****

When taking measurements, please ensure all pockets are empty and the measuring tape is laying flat and snug against the body to ensure an accurate fit



This information is important to disclose as sizing for each body type is processed differently to ensure a proper fit. We are not responsible for incorrect sizing based on incorrect information provided. If there is a concern about sizing after an order has been placed, please call us within 24 hours of the order date and we can adjust your sizing before we start the manufacturing process. After this period any changes to sizing may be subject to additional charges.

OFFICER SIGNATURE: _____