

## VEST ORDER and SIZING FORM

Customer Purchase Order #: \_\_\_\_\_

GSA#: \_\_\_\_\_ Date: \_\_\_\_\_

### BILL TO information

Company/Agency \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Customer Signature \_\_\_\_\_

### SHIP TO information

Company/Agency \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

OFFICERS NAME: \_\_\_\_\_

SHIPPING INSTRUCTIONS: Standard Ground \_\_\_\_\_ 2-Day Air \_\_\_\_\_ Next Day \_\_\_\_\_

### ORDERING INFORMATION

MODEL #	CARRIER STYLE	LEVEL	COLOR

NOTES: \_\_\_\_\_

### OPTIONS

No Charge Concealable Options Specify the options below	Additional Charge Options
<input type="checkbox"/> Tails <input type="checkbox"/> No Tails <input type="checkbox"/> 4 Pt Strapping System <input type="checkbox"/> 6 Pt Strapping System	<input type="checkbox"/> Extra Carrier <input type="checkbox"/> 8x10 Trauma Pad <input type="checkbox"/> Extra 5x8 Trauma Pad <input type="checkbox"/> Value Package (Includes Vest, Extra Carrier and Gear Bag)

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Female Bra Size: Bust \_\_\_\_\_ Cup \_\_\_\_\_



**CHEST** - While standing in a relaxed position measure under the arms around the fullest part of the chest with arms down at the side of the body.  
**WAIST** - Measure around the fullest part of the torso (usually around the navel).



**FRONT LENGTH** - While seated in a natural position. Measure from the notch at the top of the sternum bone to the top of the duty belt.



**BACK LENGTH** - While standing in a relaxed position measure from the seam of the shirt collar to the top of the duty belt.

CHEST \_\_\_\_\_ WAIST \_\_\_\_\_

FRONT LENGTH \_\_\_\_\_

BACK LENGTH \_\_\_\_\_

### CHEST/WAIST

### FRONT LENGTH

### BACK LENGTH