



DATE: \_\_\_\_\_ PO#: \_\_\_\_\_ QUOTE #: \_\_\_\_\_

### BILL-TO INFORMATION

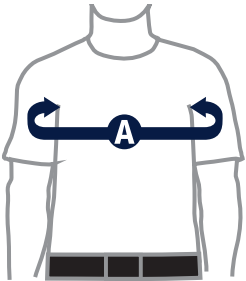
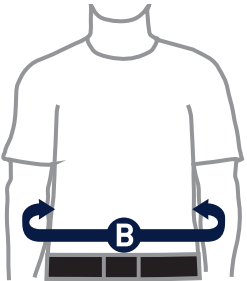
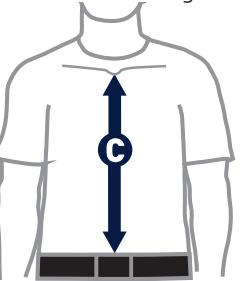
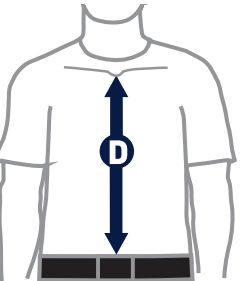
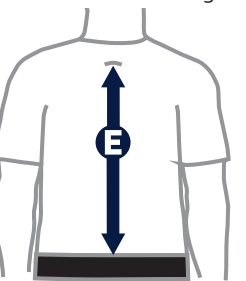
### SHIP-TO INFORMATION (IF OTHER THAN BILL-TO)

NAME: \_\_\_\_\_ DEPT. / AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ATTN TO: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SIZING INFORMATION

OFFICER NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_ BADGE #: \_\_\_\_\_ SIZED BY: \_\_\_\_\_

MEASURE OFFICER IN FULL UNIFORM AND DUTY BELT. USE CLOTH MEASURING TAPE. TAPE SHOULD BE LEVEL WHILE MEASURING. COMPLETE ALL FIELDS.

<p><b>Ⓐ CHEST</b> Chest circumference at widest point</p>  <p>_____ in.</p>	<p><b>Ⓑ WAIST</b> Torso circumference at widest point</p>  <p>_____ in.</p>	<p><b>Ⓒ FRONT STANDING</b> Length from clavicle notch to top of duty belt while standing</p>  <p>_____ in.</p>	<p><b>Ⓓ FRONT SEATED</b> Length from clavicle notch to top of duty belt while seated</p>  <p>_____ in.</p>	<p><b>Ⓔ BACK STANDING</b> Length from top vertebra to top of duty belt while standing</p>  <p>_____ in.</p>
---	---	--	---	---

VEST
<input type="checkbox"/> ATLAS T3
<input type="checkbox"/> ATLAS T5
<input type="checkbox"/> ATLAS T7
<input type="checkbox"/> QUAD
<input type="checkbox"/> VFO

OPTIONS	
<input type="checkbox"/> Collar	<input type="checkbox"/> 6x6 Side Pockets
<input type="checkbox"/> Throat	<input type="checkbox"/> 6x8 Side Pockets
<input type="checkbox"/> Biceps	<input type="checkbox"/> Cummerbund
<input type="checkbox"/> Groin	<input type="checkbox"/> Cummerbund Inserts
<input type="checkbox"/> Lower Back	<input type="checkbox"/> Shoulder Inserts
	<input type="checkbox"/> Quick Release

PANELS			
<input type="checkbox"/> Ethos IIIA	<input type="checkbox"/> HeliX IIIA	<input type="checkbox"/> LiteX IIIA	<input type="checkbox"/> ProX IIIA

COLOR
<input type="checkbox"/> Black
<input type="checkbox"/> Coyote
<input type="checkbox"/> Ranger Green
<input type="checkbox"/> MultiCam

ID PATCHES	ID COLOR
<input type="checkbox"/> SHERIFF	<input type="checkbox"/> White
<input type="checkbox"/> POLICE	<input type="checkbox"/> Gold
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

PLATES	
Existing Plates: <input type="checkbox"/> None <input type="checkbox"/> Thin <input type="checkbox"/> Thick	
<input type="checkbox"/> FRONT PLATE	<input type="checkbox"/> BACK PLATE
Model: _____	Model: _____
Size: _____	Size: _____
Cut: <input type="checkbox"/> Full <input type="checkbox"/> Shooter's	Cut: <input type="checkbox"/> Full <input type="checkbox"/> Shooter's
Qty: _____	Qty: _____
NOTES: _____	