

CAPSULE SUIT FORM



ORDER DATE _____ IN-HANDS DATES _____ INVOICE# _____

EMAIL _____ SALES REP _____

979-200-0730

| | | | |
|---|---|--|------------------------|
| BILLING ADDRESS | | SHIPPING ADDRESS <input type="checkbox"/> SAME AS BILLING | |
| Company Name | | Company Name | |
| Name | | Name | |
| Address1 | | Address1 | |
| Address 2 | | Address 2 | |
| City,State,Zip | | City,State,Zip | |
| <small>IF NOT USA</small> Country | Phone# | <small>IF NOT USA</small> Country | Phone# |
| <input type="checkbox"/> CALL FOR CREDIT CARD | <input type="checkbox"/> MC <input type="checkbox"/> VC <input type="checkbox"/> AX CREDIT CARD #: | EXPDATE: | MONTH / YEAR CVV-CODE* |
| <input type="checkbox"/> WILL CALL | <input type="checkbox"/> UPS 1DAY 2DAY 3DAY GND | DATE SHIPPED | |
| <input type="checkbox"/> DELIVERY | <input type="checkbox"/> MAIL | | |

CAPSULE COCKPIT RESTRAINED

| | INCHES |
|---|--------|
| A BOTTOM BACK OF NECK TO WAIST | |
| B CHEST CIRCUMFERENCE Arms relaxed at sides | |
| C HEIGHT | |
| D WEIGHT | lbs |

| Men's & Unisex Jacket/Top | | | | | | | |
|---------------------------|-----|-------|-------|-------|-------|---------|-------|
| Size | XS | S | M | L | XL | 2X | 3X |
| Men's Chest | 32 | 34-36 | 38-40 | 42-44 | 46-48 | 50-52 | 54-56 |
| Women's | 4-6 | 8-10 | 12-14 | 16-18 | 20 | 22W-24W | 26W |

If you are in the MD or LG range and you're over 6' 2" mark the size with the (+)

SELECT YOUR SIZE

XS SM MED
 LG XL 2XL

SELECT YOUR COLOR

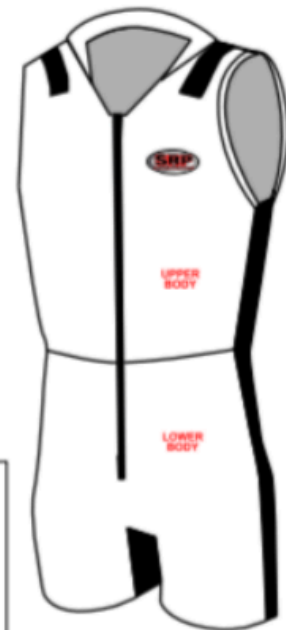
We only keep orange top w/ black bottom in stock

UPPER BODY

ORANGE YELLOW BLACK BLUE RED

LOWER BODY

ORANGE YELLOW BLACK BLUE RED



Email this completed form to Bill@SecurityRace.com (we do not accept orders over the phone).