



YOUR DATA	Name and Surname	SERIAL No:	
	Delivery Address	<input type="checkbox"/> Standard size: <input type="text"/>	<input type="checkbox"/> MTM
	Delivery City and Postcode	<input type="checkbox"/> E.SPACE™	DATE OF PURCHASE: <input type="text"/> dd/mm/yyyy
	Country	<input type="checkbox"/> ENDURO™	
	Your Telephone	<input type="checkbox"/> E.LITE™	
	Your e-mail	<input type="checkbox"/> Other: <input type="text"/>	

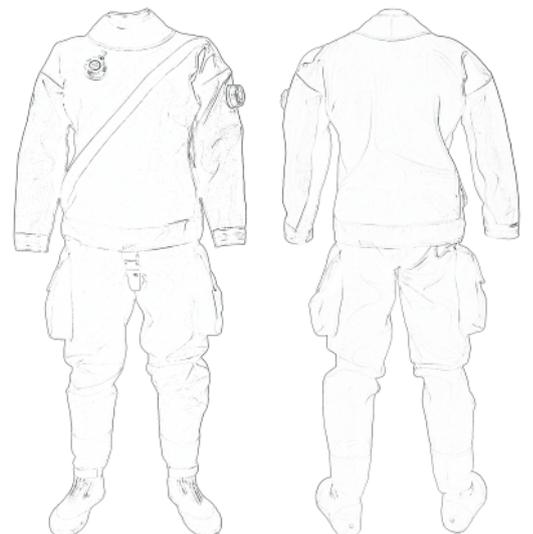
ADD	<input type="checkbox"/> Rings: <input type="checkbox"/> Si-tech Rings <input type="checkbox"/> Wrist seals incl. Wrist circumference: <input type="text"/> cm <input type="checkbox"/> Viking Rings <input type="checkbox"/> Bottle HD <input type="checkbox"/> Coned
	<input type="checkbox"/> Knee pads: <input type="checkbox"/> Melco <input type="checkbox"/> Kevlar
	<input type="checkbox"/> P-valve - installed <input type="checkbox"/> Halcyon <input type="checkbox"/> Santi Side: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Quick disconnect
	<input type="checkbox"/> Cuff Vent Valve Side: <input type="checkbox"/> Right <input type="checkbox"/> Left

CHANGE	<input type="checkbox"/> Zipper
	<input type="checkbox"/> Boots: <input type="checkbox"/> Standard Neoprene Boots size: <input type="text"/> <input type="checkbox"/> Neoprene Socks size: <input type="text"/> <input type="checkbox"/> Flex Sole Boots size: <input type="text"/> <input type="checkbox"/> Neoprene Socks + Rockboots <input type="text"/>
	<input type="checkbox"/> Neck seal: <input type="checkbox"/> Neoprene <input type="checkbox"/> Latex Neck circumference: <input type="text"/> cm <input type="checkbox"/> Insulation: <input type="checkbox"/> black <input type="checkbox"/> red <input type="checkbox"/> grey
	<input type="checkbox"/> Wrist seal: <input type="checkbox"/> Bottle HD Wrist circumference: <input type="text"/> cm <input type="checkbox"/> Coned
	<input type="checkbox"/> Valve: <input type="checkbox"/> Inlet Valve Apeks <input type="checkbox"/> Outlet Valve Apeks <input type="checkbox"/> Inlet Valve Si-tech <input type="checkbox"/> Outlet High Profile Valve Apeks <input type="checkbox"/> Outlet Valve Si-tech
	<input type="checkbox"/> Rings: <input type="checkbox"/> Si-tech Rings <input type="checkbox"/> Wrist seals incl. Wrist circumference: <input type="text"/> cm <input type="checkbox"/> Viking Rings <input type="checkbox"/> Bottle HD <input type="checkbox"/> Coned

LEAKS	Additionally please select the leakage points on the sketch <input type="checkbox"/> Seam <input type="checkbox"/> Fabric <input type="checkbox"/> Valve <input type="checkbox"/> Boots <input type="checkbox"/> Neck Seal <input type="checkbox"/> Wrist Seal <input type="checkbox"/> Zipper
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ALTERATION	Fill the form (page2) with the current circumferences. Additionally please select parts that do not fit you on the sketch use "+" for adjustment use "-" for shortening	use "+" for widening use "-" for narrowing
	<input type="checkbox"/> Legs <input type="text"/> cm <input type="checkbox"/> Arms <input type="text"/> cm <input type="checkbox"/> Torso <input type="text"/> cm	<input type="checkbox"/> Chest <input type="text"/> cm <input type="checkbox"/> Waist <input type="text"/> cm <input type="checkbox"/> Hips <input type="text"/> cm <input type="checkbox"/> Thigh <input type="text"/> cm <input type="checkbox"/> Calf <input type="text"/> cm <input type="checkbox"/> Biceps <input type="text"/> cm

Notes, or additional details:





MEN'S form:

*Please check in widest point

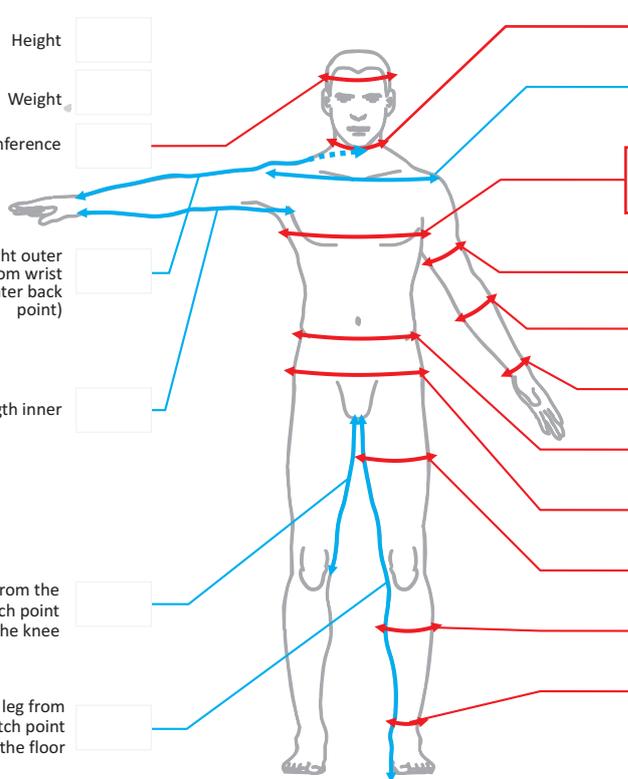


Body trunk from the bottom neck through the crotch to center back point (as per drawing)

- Height
- Weight
- Head circumference
- Arm length outer (from wrist to center back point)
- Arm length inner
- Length from the crotch point to the knee
- Inner leg from the crotch point to the floor

LEGEND:

- circumference
- length



- Neck circumference*
- Point of shoulder to point of shoulder
- Chest* -breathing in
- Chest* -breathing out
- Bicep*
- Forearm*
- Wrist*
- Waist*
- Hips*
- Thigh (5 cm below crotch)*
- Calf*
- Ankle
- Shoe size

LADIES form:

*Please check in widest point



Chest height from bottom neck to breast point

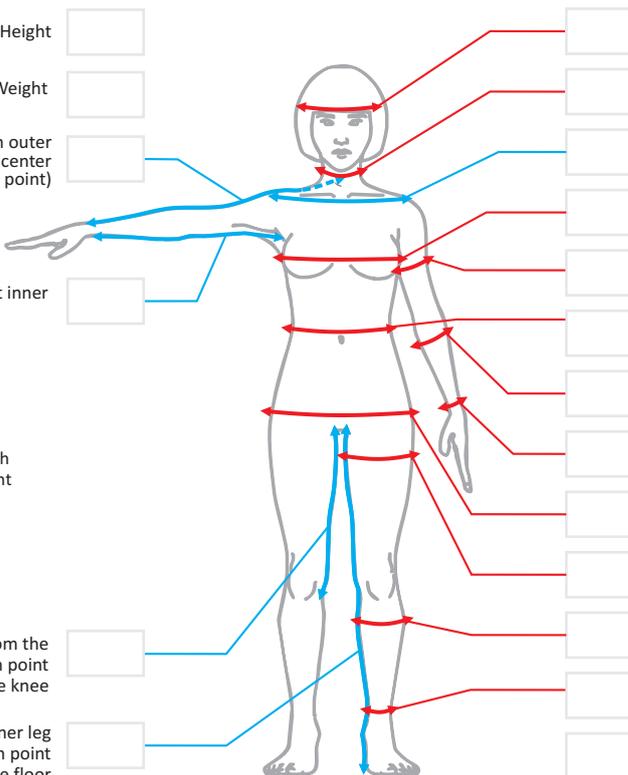
Back height additional ratio need to check waist properly (from center back point to waist line)

Body trunk from the bottom neck through the crotch to center back point (as per drawing)

- Height
- Weight
- Arm length outer (from wrist to center back point)
- Arm length inner
- Length from the crotch point to the knee
- Inner leg from the crotch point to the floor

LEGEND:

- circumference
- length



- Head circumference
- Neck circumference
- Point of shoulder to point of shoulder
- Chest*
- Biceps*
- Waist (ladies navel point)
- forearm*
- Wrist*
- Hips*
- Thigh (5 cm below crotch)*
- Calf*
- Ankle
- Shoe size