Polosub s.n.c

ORDER FORM

Date	

Surname		Name	
Address		Zip	
City		Country	
E mail		Tel	
Mobile		Fax	

Measures must be taken by another person with a tape measure

ORDER DESCRIPTION

Forehead circumference	**1**		
Neck circumference	**2**		
Lenght centre forehead to neck base	**3**		
Shoulder width across back	**4**		
Chest circumference	**5**		
Waist circumference	**6**		
Hip circumference	**7**		
Lenght neck base to coccyx	**8**		
Biceps circumference	**9**		
Elbow circumference	**10**		
Forearm circumference	**11**		
Wrist circumference	**12**		
Lenght shoulder to wrist	**13**		
Thigh circumference (widest point)	**14**		
Knee circumference	**15**		
Calf ciercumference	**16**		
Ankle circunference	**17**		
Inside leg (top of leg to middle of ankle bone)	**18**		
Circumference around bust (only women)	**19**		
Lenght collabone to corresponding maximum bust point (only women)	**20**		
Foot size	**21**		
Height (mandatory field)	**22**		

Note