

PANEL DIMENSIONS FORM

Distributor: _____ Agency: _____ Officer: _____

FRONT

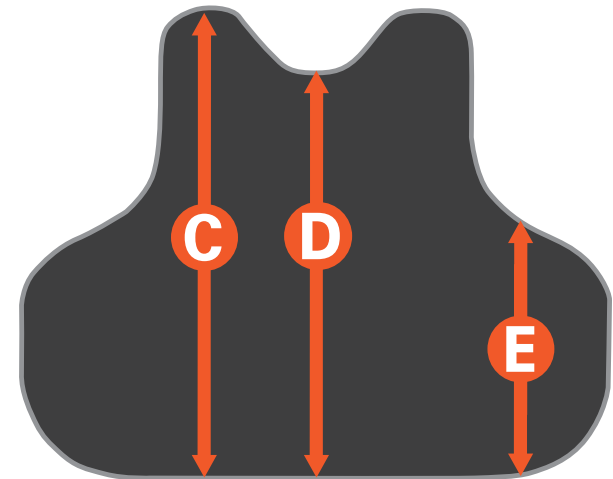
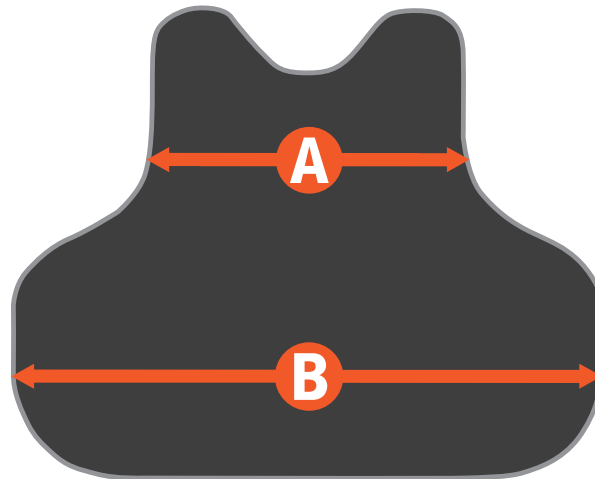
Ⓐ MEASUREMENT ACROSS FRONT CHEST _____ in.

Ⓑ FRONT WAIST WIDTH _____ in.

Ⓒ FRONT LENGTH FROM TOP OF SHOULDER TO BOTTOM OF PANEL _____ in.

Ⓓ FRONT LENGTH FROM SCOOP OF NECK TO BOTTOM OF PANEL _____ in.

Ⓔ SIDE HEIGHT _____ in.

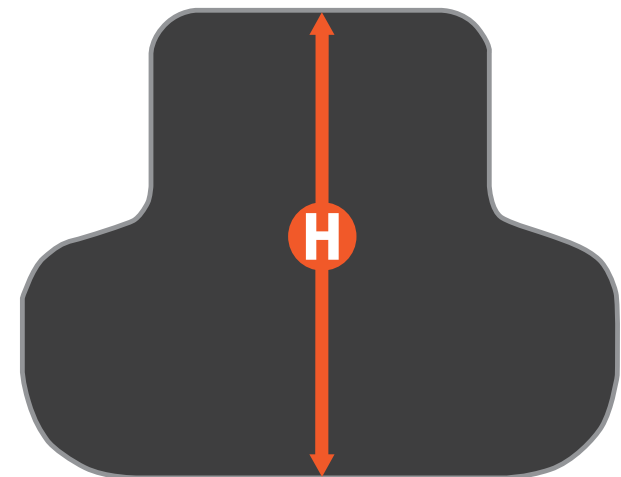
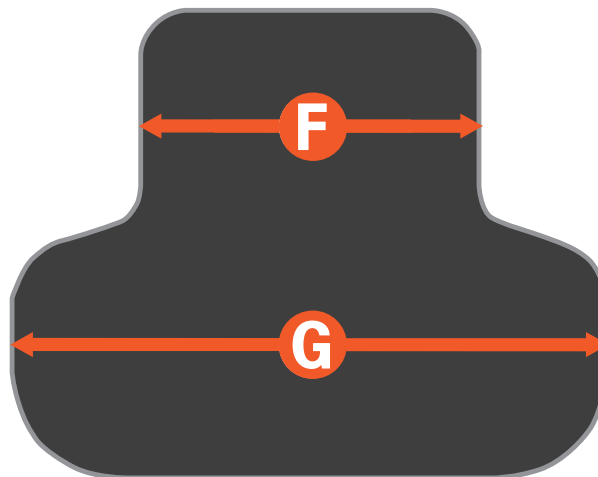


BACK

Ⓕ MEASUREMENT ACROSS BACK CHEST _____ in.

Ⓖ BACK WAIST WIDTH _____ in.

Ⓗ BACK LENGTH FROM TOP OF PANEL TO BOTTOM OF PANEL _____ in.



Email to customerservice@krollcorp.com or fax to 586-739-0600

READY IS THE ONLY OPTION.