Male Measurement Form

ORDER LINE: 0113 391 0440

Company Name:

Wearer Name:

Employee No:

Height: | Chest Size: | Collar: | Inside Leg: | Waist:

FCC Code	Garment Type	Quantity	Price	Colour	Additional Information

Wearer's Signature:

Date:

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Female Measurement Form

ORDER LINE: 0113 391 0440

Company Name:

Wearer Name:

Employee No:

Height: Bust Size: Collar: Inside Leg: Waist:

FCC Code	Garment Type	Quantity	Price	Colour	Additional Information

Wearer's Signature:

Date:

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