



DATE _____

25600 Joy Blvd. • Harrison Twp., MI 48045

Toll Free 800.854.3163 • Phone 586.493.9392 • Fax 586.493.9396

TACTICAL VESTS MEASURING CHART/ORDER FORM
 (Print & Fill In All Information Completely)

Distributor/Department _____

Purchase Order # _____

Method of Payment:

Visa
 MasterCard
 Discover
 Payment Enclosed
 Open Account

Credit Card No. _____ Exp. Date _____

Name _____ Jacket Size _____

Inseam _____ Height _____ Weight _____

Ship to Name: _____ Telephone(____) _____

Company/Department _____

Street Address (No P.O. Boxes) _____

City, State, Zip _____

1. Chest Measurement: Measure completely around the body at the fullest part of the chest .

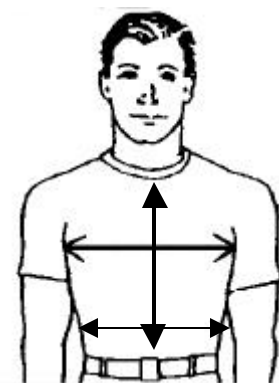
Chest Inches: _____

2. Length Measure ment: Measure from the notch at the top of the sternum bone to the top of the gun belt while seated

Length Inches: _____

3. Waist Measurement: Measure completely around the body 2" above the waist.

Waist Inches: _____



MODEL	MODEL	THREAT LEVEL	COLOR	POUCH	POUCH	POUCH
TRV <input type="checkbox"/>	Twaron <input type="checkbox"/>	IIA <input type="checkbox"/>	Black <input type="checkbox"/>	TVRC <input type="checkbox"/>	TVFL <input type="checkbox"/>	TVGMH <input type="checkbox"/>
UMV <input type="checkbox"/>	SpecShield <input type="checkbox"/>	II <input type="checkbox"/>	Navy <input type="checkbox"/>	TVRMG2 <input type="checkbox"/>	TVSP <input type="checkbox"/>	TVH <input type="checkbox"/>
RRV <input type="checkbox"/>	SS/GoldFix <input type="checkbox"/>	IIIA <input type="checkbox"/>	Gr Camo <input type="checkbox"/>	TVRMG <input type="checkbox"/>	TVSP.5 <input type="checkbox"/>	TVHH <input type="checkbox"/>
Tac O/S <input type="checkbox"/>	Softouch <input type="checkbox"/>	PLATES	Olive Grn <input type="checkbox"/>	TVGR <input type="checkbox"/>	TVUTL <input type="checkbox"/>	TVID <input type="checkbox"/>
Narc <input type="checkbox"/>	Vmax <input type="checkbox"/>	III <input type="checkbox"/>	Dsrt Camo <input type="checkbox"/>	TVUC <input type="checkbox"/>	TVUTL.5 <input type="checkbox"/>	TEC <input type="checkbox"/>
Narc Tac <input type="checkbox"/>		IV <input type="checkbox"/>		TVLC <input type="checkbox"/>	TVGM <input type="checkbox"/>	641 <input type="checkbox"/>

ID Labels: _____ Other: _____

NOTE: Be Certain to double check your measurements for accuracy. Reliance Armor cannot assume responsibility for proper
 April 2002