

All measurements must be taken in absolute straight lines, DO NOT follow the curvature of the body.

A – Width of chest – Have driver stand with arms raised slightly, measure side to side 1 ½" below armpits.

B – Width of hips – have driver sit on bench or floor. Use cinder blocks or similar on each side of hips at a comfortable but snug pressure. Measure between blocks. (Alt method: driver standing, measure widest point of hips)

C – Height of Armpit – With driver sitting measure from flat surface to 1 ½" below armpit. Driver's shoulders should be completely level across back and back completely straight.

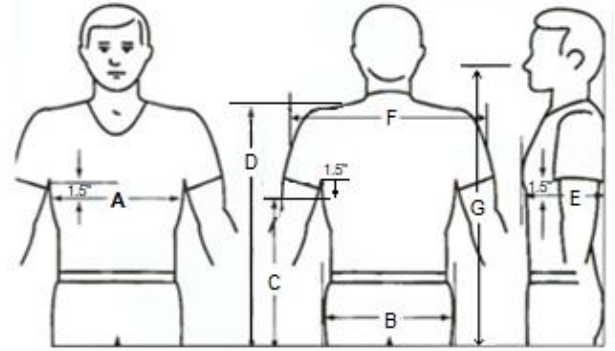
D – Height of shoulders – With driver sitting in same position as above, measure from flat surface to top of shoulder.

E – Chest depth – Length of rib supports. Driver standing with back against wall, measure from wall to front of chest 1 ½" below armpit.

F – Width of shoulders – With Driver Standing measure outside to outside, 2" down from top of shoulders with arms relaxed at driver's sides.

G – Height of Cheek – With Driver sitting, measure from flat surface to top of cheek (even with the tip of the nose when looking forward)

We also need the driver's height and weight.



Record Measurements Here:

A:	F:
B:	G:
C:	Height:
D:	Weight:
E:	

Once measurements are recorded, fill out all the information below and send this form to info@ultrashieldrace.com or Fax 903-894-3212

Seat: _____

Powder Coat Y ☐ N ☐

Color: _____
(If not powder coating, leave blank
If Black Specify Flat or Semi-Gloss)

Cover Color: _____

Stripe Color: _____

(If no stripe, leave blank)

Is Driver Using Head & Neck Restraint System?

Y ☐ N ☐

Is Driver Having a Foam Liner installed in seat? (Sharp Advantage or

Similar) Y ☐ N ☐

Seats with 3rd Party Liner systems require us to make a larger seat for the space the liner fills. We will add the extra space to your measurements.

Bill to Address:

NAME: _____

Address: _____

City: _____ State: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

CREDIT CARD NUMBER: _____ CVV _____

EXPIRATION DATE: _____ VISA _ M/C _ DISCOVER _ AM.EXP. _____

Ship to Address: Same as above ☐ or Use This Address ☐

NAME: _____

Address: _____

City: _____ State: _____ ZIP: _____

All Custom orders will be billed BEFORE the seats are built.
Custom Seats are non-refundable & non-returnable.

Notes: