



Date: _____ PO: _____ Resale No: _____
 Dealer: _____
 Contact Name: _____ Email: _____
 Tel: _____ Fax: _____
 Shipping Address: _____

Billing Address if different than Ship: _____

FORM OF BILLING (50% Deposit Required):

Cash Check COD (2nd payment/final amt) Visa or Mastercard
 No: _____ Exp: _____ / _____

SELECT TYPE OF FRAME YOU ARE ORDERING

Road Track Single Speed Road Cruiser Tandem
 Hardtail MTB Singlespeed MTB Dual Suspension Cross

FRAME SIZE (if production): _____ TUBING: _____

PAINT/POWDER COLOR: _____

CUSTOM LUGS/ PAINT/ OTHER DETAIL: _____

ORDERING W/ A FORK yes / no FORK MFG/MODEL: _____

COMPONENT SPECS

Frame Kit Mfg/Model: _____ Crank Arm Length: _____

Tire Radius: _____ Tire Width: _____ Rim Mfg/Model: _____

Disc Mounts: yes / no

Specialty Parts: _____

BRAZE-ONS

Chain Hanger Seatstay Rack Mount Droptout Eyelets

Pump Peg Braze-on Derailleur STI Headtubestops

Seat Tube Bottle Down Tube Bottle / Qty: _____

Other: _____

IF YOU ARE CURRENTLY RIDING A BIKE, SPECIFY TYPE: _____

From your current frame, provide the following in millimeters or inches, center to center:

Seat Tube Length _____ Top Tube Length _____ Stem Length _____

Seat Post Length _____ Bottom Bracket to Top of Seat _____

PLS USE BACK OF THIS FORM FOR FOLLOWING QUESTIONS

1. Are you disatisfied with any performance aspects of your current bike?

2. Do you experience discomfort while riding your current bike?

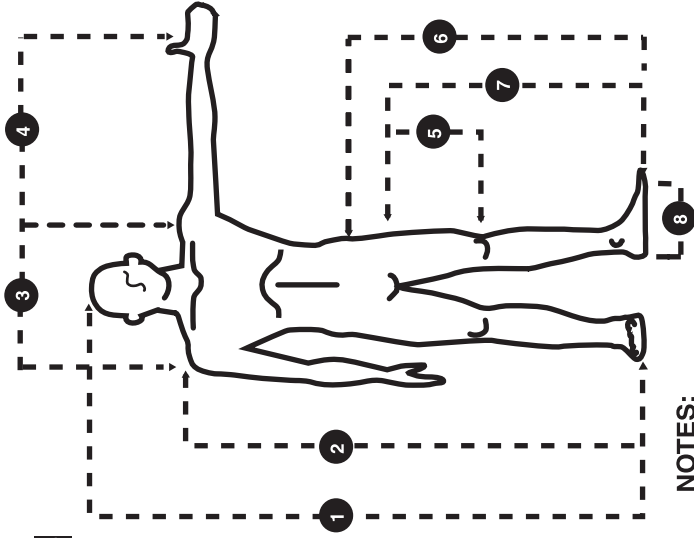
3. Please specify any additional information you feel may be needed.

CUSTOM FRAME SIZING INFORMATION

WARNING! VISIT AN AUTHORIZED SYCIP DEALER FOR A SIZING CONSULTATION AND READ SYCIP MEASUREMENT GUIDE CAREFULLY!

PLS PROVIDE # 1-7 IN MILLIMETERS

1. Standing Height _____
2. Body Length _____
3. Shoulder to Shoulder _____
4. Arm Length _____
5. Thigh Length _____
6. Leg Length _____
7. Inseam Length _____
8. Shoe Size _____
9. Weight _____
10. Height _____



FIT KIT INFO:

11. Seat Tube Length _____
12. Top Tube Length _____
13. Stem Length _____
14. Seat Post Length _____
15. Bottom Bracket _____
to Top of Seat _____

FIT KIT INFO ATTACHED:

If you have additional fit kit info, pls check the box and include it with this form

SYCIP DEALER ACKNOWLEDGEMENT

I, _____ acknowledge that I have thoroughly read and hereby understand the SyCip Custom Frame Measurement Guide. By signing this form, I understand that I am acting as an authorized SyCip dealer and am fully liable for the resulting fit of the SyCip frame(s) built in reference to the sizing information and order form I hereby submit to SyCip Designs, Inc.

Buyer Signature: _____ Date: _____

Buyer Name: _____
(please print)

INTERNAL INV NO: _____ AMT: _____ DEP. AMT: _____ DEP DATE: _____

NOTES: