



Try & Bom Inc, PO Box 70696, Eugene, OR 97401
 FAX: 503-488-5859 Email: info@trybom.com

Orderform

Standard Sized Equipment

Bill To:

Ship To:

Name: _____
 Address: _____

 City: _____
 State, Zip: _____
 Email: _____
 Phone: _____

Same as billing address
 Name: _____
 Address: _____

 City: _____
 State, Zip: _____
 Phone: _____

For jackets or pants orders, please write in your measurements below so we can verify the size.

Chest		Max chest circumference
Waist		Circumference at your natural waistline
Hip		Max hip circumference
Arm length		Length from the top of arm down to the wrist
Inseam		From top of the inseam to the floor
Height		Used for a size modeling software to verify the size and to see which one should be the best fit.
Weight		

Payment
 VISA MasterCard
 Card # _____ Expires Month ____ Year ____
 Name on card _____
 Billing Address _____

 Signature _____ Date _____

Quantity	Model/Description	Size	Color	Right or Left handed shooter	Price (see monardusa.com)	Total
					Subtotal	
					Shipping	
					Total	

See monardusa.com for current shipping charges.