



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: \_\_\_\_\_

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  Dropout 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**

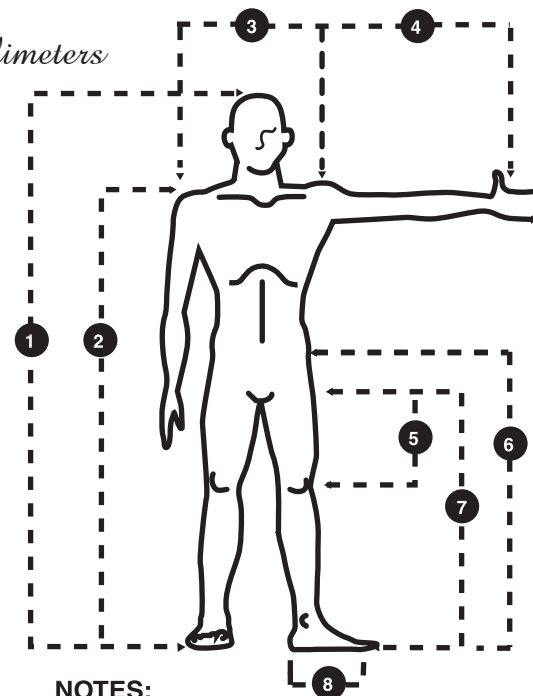
- 1. Are you dissatisfied with any performance aspects of your current bike?
- 2. Do you experience discomfort while riding your current bike?
- 3. Please specify any additional information you feel may be needed.

# CUSTOM FRAME SIZING INFORMATION

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

*Please 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 Information*

- 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

**NOTES:**

*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: