

B.P. RIDING GEAR

QUALITY MOTORCYCLE CLOTHING

BELTLESS CHAP ORDER FORM

SHIP TO:

NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____

POSTAL/ZIP CODE: _____

EMAIL: _____

PHONE: _____

SIZES		THIGH	CALF
		<input type="text"/>	<input type="text"/>
HEM	WAIST	INSEAM	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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