



Ultra Shield™ Race Products – Custom Racing Seat Order Form

How to Properly Measure Yourself for a CUSTOM-MADE Ultra Shield™ Race Products Seat:

Ultra-Shield™ Race Products manufactures all of their seats in house, so they can easily custom fit a seat for you if one of their standard productions sizes doesn't fit. To order a custom seat, please follow the instructions below.

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

A – Width of Chest – Width of seat at rib support. Have driver stand with arms raised slightly, measure side to side 1 ½" below armpits.

B – Width of Hips – Width of Seat – 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)

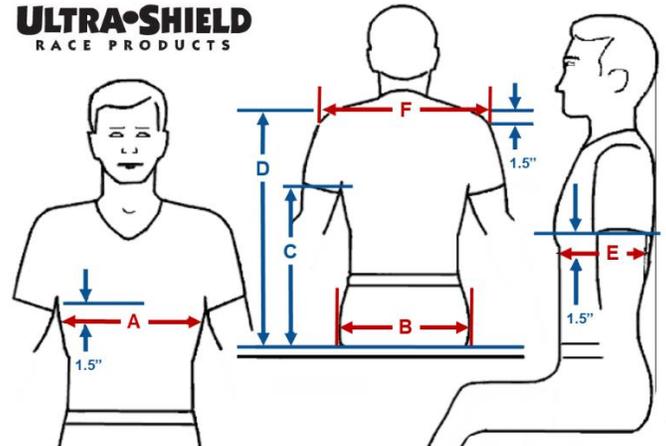
C – Height of Armpit – Height of rib supports. With driver sitting measure from flat surface to armpit. Driver's shoulders should be completely level across back and back completely straight.

D – Height of Shoulders – Height of shoulder harness opening. 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. We will need driver's height and weight.

F – Width of Shoulders - Outside to outside, 2" down from Top of shoulder

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Record Measurements Here:

A: _____ D: _____

B: _____ E: _____

C: _____ F: _____

Height: _____ Weight: _____

Once all measurements are recorded send this form to sales@racecareng.com or fax to 863-858-5764.

Seat Type: _____

Powder Coat: Y: _____ N: _____

Powder Coat Color: _____

Cover Color: _____

Stripe Color: _____

(if no stripe, please leave blank or mark none)

Brand and Style of Head & Neck Restraint: _____

(if no restraint, please leave blank or mark none)

Is Driver Having a Foam Liner Installed in Seat? (Sharp Advantage or Similar)

(if no liner, please leave blank or mark none)

Customer Name: _____

RCE Customer Number: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime/Cell Phone Number: _____

Additional Comments or Requests: _____

Form Completed by: _____

By completing and submitting this form, I understand that all custom seats must be prepaid 100% and all custom seats are non-returnable and non-refundable once fabrication has begun. Initial here: _____