

Customer Information

Date

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email		Age	
Mobile No.		Tel No.	
Country		Post Code	
Address			
Interested Model		Able To Stand	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height	inch	Weight	lbs
Health Conditions / Physical Challenges			

Body Measurement

A. Shoulder Height	inch	E. Prefer Footrest Angle	<input type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Down
B. Elbow Height	inch	F. Shoulder Width	inch
C. Thigh Length	inch	G. Belly Width	inch
D. Calve Length	inch	H. Hip Width	inch

How to you get to know us?

