



INGLIS CYCLES & RETROTEC ORDER FORM



DATE: _____

NAME: _____

CELL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

FRAME TYPE BEING ORDERED (CHECK ONE):

ROAD

- INGLIS STEEL
- INGLIS STEEL/REYNOLDS CARBON SEAT STAY
- RETROTEC CLASSIC
- RETROTEC HALF
- RETROTEC TWIN
- RETROTEC TRIPLE
- RETROTEC DOUBLE

TANDEM

- INGLIS
- RETROTEC CLASSIC

FULL SUSPENSION

- INGLIS STEEL 26"
- RETROTEC CLASSIC 26"
- INGLIS STEEL 29"
- RETROTEC STEEL 29"

MOUNTAIN

26"

29"

SINGLESPEED

GEARED

- | | | | | |
|---|-----|-----|-----|-----|
| <input type="checkbox"/> INGLIS STEEL | ___ | ___ | ___ | ___ |
| <input type="checkbox"/> RETROTEC CLASSIC | ___ | ___ | ___ | ___ |
| <input type="checkbox"/> RETROTEC HALF | ___ | ___ | ___ | ___ |
| <input type="checkbox"/> RETROTEC TWIN | ___ | ___ | ___ | ___ |
| <input type="checkbox"/> RETROTEC TRIPLE | ___ | ___ | ___ | ___ |
| <input type="checkbox"/> RETROTEC DOUBLE | ___ | ___ | ___ | ___ |

CYCLOCROSS

GEARED

OR

SINGLESPEED

- | | | |
|---|-----|-----|
| <input type="checkbox"/> INGLIS STEEL | ___ | ___ |
| <input type="checkbox"/> RETROTEC CLASSIC | ___ | ___ |
| <input type="checkbox"/> RETROTEC HALF | ___ | ___ |
| <input type="checkbox"/> RETROTEC TWIN | ___ | ___ |
| <input type="checkbox"/> RETROTEC TRIPLE | ___ | ___ |
| <input type="checkbox"/> RETROTEC DOUBLE | ___ | ___ |

WELDING (CHOOSE ONE)

___ TIG: ALL TIG WELDED FRAMES ARE POWDERCOATED ONE COLOR. IF INTERESTED IN WET PAINT, PLEASE SEE "EXTRAS" SECTION OF ORDER FORM FOR ADDITIONAL PRICING.

___ FILLET: ALL FILLET BRAZED FRAMES ARE WET PAINTED ONE COLOR. ADDITIONAL COLORS, SCALLOPED TWO TONE OR SPECIAL ART, PLEASE SEE "EXTRAS" SECTION OF ORDER FORM FOR PRICING. ALL BOTTOM BRACKETS ARE TIG WELDED.

___ LUGGED: ALL LUGGED FRAMES ARE WET PAINTED ONE COLOR. ADDITIONAL COLORS, SCALLOPED TWO TONE OR SPECIAL ART, PLEASE SEE "EXTRAS" SECTION OF FORM FOR PRICING. ALL BOTTOM BRACKETS ARE TIG WELDED.

PLEASE CONTINUE TO PAGE 2 OF ORDER FORM

SIZING (CHOOSE ONE)

___ PRODUCTION MTN OR 29": ___ SMALL ___ MEDIUM ___ LARGE ___ X-LARGE (29" ONLY)
ROAD: ___ 48 ___ 52 ___ 54 ___ 56 ___ 58 ___ 60

___ CUSTOM: ___ HEIGHT ___ INSEAM ___ THIGH LENGTH ___ BODY LENGTH

___ ARM LENGTH ___ SHOULDER WIDTH ___ RIDING SHOE SIZE

___ AGE ___ WEIGHT ___ GENDER (M/F) SEE MEASURING INSTRUCTIONS

OPTIONS

___ ECCENTRIC BOTTOM BRACKET (EXTRA CHARGE OF \$80 TO FRAME)

___ SINGLE SPEED DISC

BRAKES (CHOOSE ONE)

___ DISC: ___ CABLE ACTUATED OR ___ HYDRAULIC

___ V – BRAKES

RETROTEC ONLY: BRAKES ON CHAIN STAY ___ (Y/N)

FRAME COLOR: _____

ADDITIONAL INFORMATION

FORK TYPE BEING USED OR PURCHASED FOR THIS FRAME: _____

CURRENT BICYCLE INFORMATION: _____

COMPONENT PACKAGE (IF ANY): _____

_____ (CALL OR EMAIL FOR PRICE QUOTE)

EXTRAS

FORK ___ UNICROWN(\$300) OR ___ SEGMENTED(\$450) ___ (Y/N) SUSPENSION CORRECTED

POLISHED LUGS ___ (Y/N) (\$200 EXTRA PER LUG)

REYNOLDS CARBON SEAT STAYS ___ (Y/N) ADD \$350

S & S COUPLERS ___ (Y/N) ADD \$400

PAINT UPGRADES: _____

WET PAINT TO TIG WELDED FRAMES (\$80 EXTRA)

EXTRA COLOR (SCALLOPED ONLY) TO WET PAINT BRAZED FRAMES (\$80 EXTRA)

CUSTOM WET PAINT AND/OR ART (CALL FOR QUOTE)

MATCH PAINT FORK (\$50 EXTRA)

MATCH PAINT STEM (\$30 EXTRA)

DEPOSIT AMOUNT: _____

CUSTOMER SIGNATURE: _____

PLEASE RETURN COMPLETED FORM AND DEPOSIT TO:
INGLIS CYCLES / RETROTEC
P.O. Box 3714 NAPA, CA 94558
707-258-2203 WWW.INGLISCYCLES.COM

MEASURING INSTRUCTIONS

HEIGHT: CUSTOMER'S HEIGHT WITHOUT SHOES ON, MEASURE TOP OF HEAD TO FLOOR, WHILE STANDING AGAINST A WALL, FEET SHOULD BE SHOULDER WIDTH APART.

INSEAM: CUSTOMER SHOULD REMOVE SHOES AND STAND AGAINST A WALL, FEET SHOULD BE SHOULDER WIDTH APART, PLACE A RULER BETWEEN THE LEGS SO THAT IT HAS CONTACT WITH THE PELVIS (DON'T SHOVE THE RULER UP INTO THIS AREA UNTIL IT'S UNCOMFORTABLE, JUST MAKE CONTACT). USING A TAPE MEASURE, MEASURE FROM THE TOP OF THE RULER TO THE FLOOR.

THIGH LENGTH: HAVE THE CUSTOMER KNEEL ON THE FLOOR, KNEES SHOULDER WIDTH APART, AND PERFORM THE SAME MEASURING PROCEDURE AS WAS DONE IN INSEAM SECTION, MEASURING FROM TOP OF RULER TO FLOOR WHILE KNEES AND UPPER BODY ARE STRAIGHT.

BODY LENGTH: MEASURE FROM THE STERNUM (THE SOFT FLESH PART BETWEEN THE COLLAR BONES AT THE TOP OF THE CHEST AND BELOW THE ADAM'S APPLE) TO THE FLOOR WHILE STANDING AGAINST A WALL WITHOUT SHOES ON, FEET SHOULDER WIDTH APART.

ARM LENGTH: RAISE ONE ARM TO A 30 DEGREE ANGLE AWAY FROM THE BODY AND MEASURE FROM THE ACROMION PROCESS (THE BONE ON TOP OF THE SHOULDER THAT STICKS OUT AND HELPS YOU MOVE AND ROTATE YOUR SHOULDER) TO THE TOP OF THE KNUCKLES.

SHOULDER WIDTH: MEASURE BETWEEN THE RIGHT AND LEFT ACROMION BONES.

**IF YOU ARE HAVING TROUBLE UNDERSTANDING THESE MEASURING DIRECTIONS,
EMAIL OR CALL US.**