



Wooles Consulting
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CANADA
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SRM Order Form

Name/Business Name:
Address:
City, Province:
Postal Code:
Phone:
Email:

OFFICE USE ONLY Order Received: Purchase #: Deposit Received: Invoice #: Final Payment Received:
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System Type and Model:
Full system or PowerMeter only:
Crank type: (Shimano / Campagnolo):
Chainring type: (Standard 53/39, Compact 50/34):
Custom chainring: Small Large
Ant+ Speed sensor type: (Bike skewer pod or fork mounted pod): Front Fork Mountec
Crank length:
Decal Colour:
PowerControl colour:
(Track only): front or rear wheel speed sensor
Handlebar clip: (standard 25mm or oversized 31.8mm)
Other accessories:
Comments:

Payment:
Visa Mastercard
Card number:
Expiry Date:
CVV # (3 numbers on back):

Please sign this order to authorize the purchase of the SRM system detailed above:

_____ Date: ____/____/____