



Drysuit Repair Form

Customer Name: _____

WO#: _____ Due Date: _____

Suit Info:

Make _____

Model _____

Size _____

Color _____

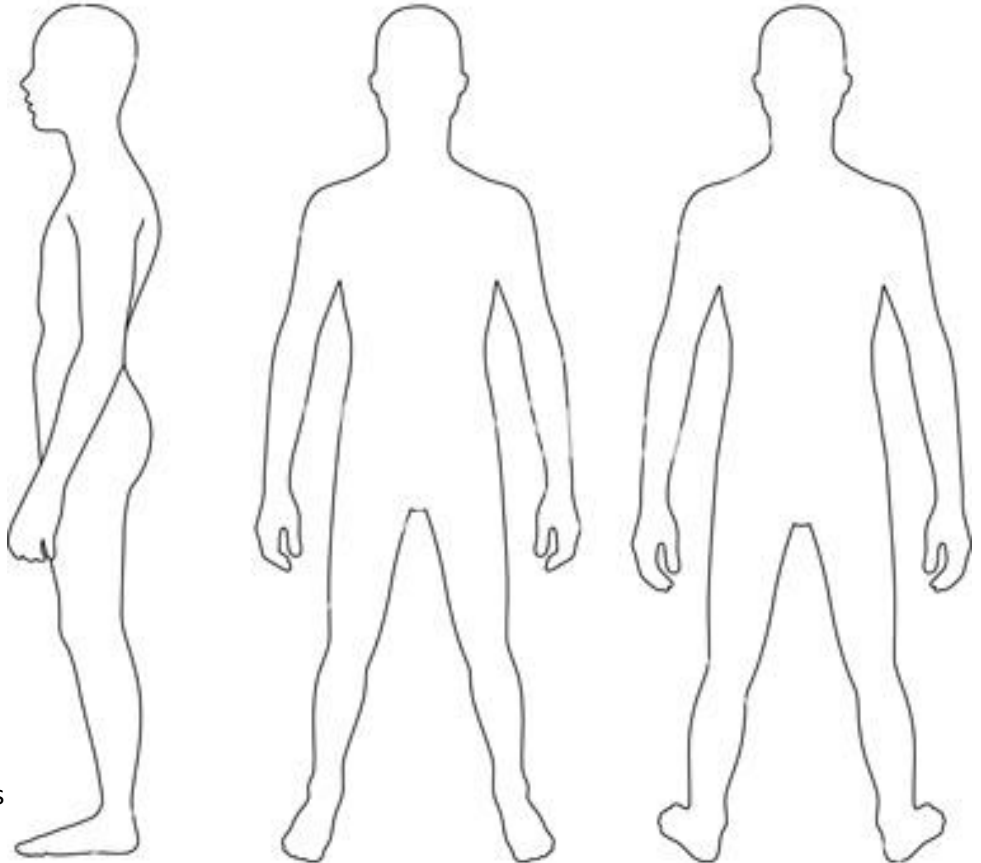
Neck Size _____
(Measure if seal is being replaced)

Wrist Size _____
(Measure if seals are being replaced)

Shoe Size _____
(If boots are being replaced)

Misc _____

Mark on the diagram to the right areas for repair or modification.



Repair/Modification Notes



Repair Shipping / Storage Policy

Customer Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____ Cell/Text: _____

CC#: _____ Exp: _____

CVV#: _____

BILLING ADDRESS (if different from mailing address)

Date Received: _____ Estimated completion date: _____

RUSH ORDER REQUESTED – Additional \$50 - Guaranteed Due date: _____

Shipping / Storage policy

___ I wish to prepay **\$25.00** and have my repaired equipment shipped to the above address upon completion.

___ If I change my mind and ask for the item to be shipped at a later time the cost will be **\$35.00**.

___ I choose NOT to pre-pay shipping and agree to pick up my repaired items by the following date

Pick up date: _____

___ I understand that if the item is not picked up by the agreed upon date, and I decide to have the Item shipped that the cost will be \$35. Furthermore, for each day the item is not picked up following the above date, there will be a **\$5.00 per day storage charge**. The storage fee will accrue until the amount meets or exceeds the below listed value. Upon such time, the item will be sold to cover the repair cost and storage expenses.

Items Value \$ _____ (wholesale)

Signature _____ Date _____

For Office Use Only:

Work Order #: _____ Date: _____

Contact notes:

