



DIVERS COVE LLC
 7 ESSEX PLAZA ESSEX CT 06426
 860-767-1960 EMAIL: ed@diverscove.com

NAME:		COMPANY:
SHIPPING ADDRESS - STREET:		
SHIPPING ADDRESS - CITY / STATE:		
SHIPPING ADDRESS - ZIP CODE:		
TELEPHONE (HOME OR WORK):		
CELL PHONE:		
E-MAIL ADDRESS:		
EXPEDITED SERVICE FEE: \$50 FOR LESS THAN 2 WEEKS:		YES _____ NO _____
WORK TO BE DONE:		
NECK SEAL: LATEX _____ NEOPRENE _____		NECK MEASUREMENT: _____ INCHES
WRIST SEALS: LATEX _____ NEOPRENE _____		WRIST MEASUREMENT: _____ INCHES
ALTERATION: ADD _____ REMOVE _____		LEG _____ SLEEVE _____ NO OF INCHES _____
ZIPPER REPLACEMENT: YES _____ NO _____		LEAK TEST: YES _____ NO _____ (REQUIRED FOR NECK/ZIPPER CHANGE)
BOOTS: _____ SOCKS: _____		SIZE: _____ (NORMAL SHOE SIZE: _____)
OTHER WORK REQUESTED / COMMENTS:		MFG / MODEL OF SUIT: _____
ESTIMATE PRIOR TO REPAIR: YES _____ NO _____		ESTIMATE BY E-MAIL _____ PHONE _____
CREDIT CARD #:		CALL FOR CREDIT CARD INFORMATION: _____
CREDIT CARD EXPIRATION DATE:		BILLING ZIP CODE:
BILLING ADDRESS: SAME AS SHIPPING: YES _____ NO _____		
BILLING NAME:		
BILLING ADDRESS:		

DATE RECEIVED AT DIVERS COVE:		DATE NEEDED: