



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 _____	
<u>WORK TO BE DONE:</u>		
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:	