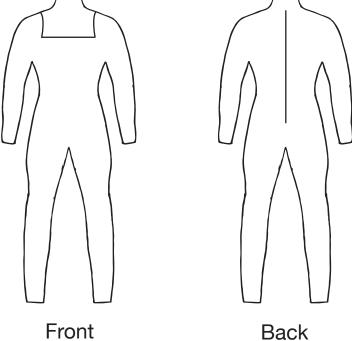




Send to: Seventhwave Wetsuits Ltd Unit 6, 1063 Ferry Road Ferrymead Christchurch 8023 New Zealand

Wetsuit Repair Form

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Name: Mobile no: Email:		
Delivery address:		
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please indicate	. – – – – – – – – – –	
		Staff use only To Quote Quoted: Quote Accepted Zeald Pick Up



To Quote		
Quoted: \$		
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