



Service Request Form

Custom Diving Services

1209 Hwy 26
Minesing, ON
L9X 0Z7

Name: _____ Date In: _____

Address: _____

Telephone: _____

Email: _____

Dry Suit Brand / Model / Colour: _____

Serial No: _____

Required By Date: _____ Rush (Additional Fee): _____

Full Service Minor Repair Leak Test Wrist Seals Neck Seal New Zip

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Neck Measurement: _____ Wrist Measurement: _____

Work Required: _____

Fault Reported: _____

Payment Info: Visa Mastercard Billing Postal Code: _____

Card Number: _____ Expiry Date: _____ CVV Code: _____

Cardholder Signature: _____ Date: _____

Please initial: ____ I authorize Custom Diving Services to perform work on my drysuit as outlined above and charge my credit card for payment.