



OTTER WATERSPORTS LTD

Making Bespoke Drysuits since 1987

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Please complete a separate sheet for each suit.

Please find enclosed a _____ drysuit for repair

Name: _____
Daytime Tel No: _____
Mobile No: _____
Date: _____
E-mail Address: _____
Return Address: _____

Please mark how many of each required along with neck, wrist and/or ankle measurements and shoe size where applicable.

Neck	_____	Boots	_____
Wrist Seals	_____	Knee reinforcing	_____
Gloves	_____	Main Zip	_____
Socks	_____	Fly Zip	_____
Ankle Seals	_____	Wet Pressure Test	_____

All seals, boots, zips etc will be replaced like for like unless otherwise marked

Any Other Repair Details:

Please ring me on _____ for card payment details when suit is ready **or**

Please debit my card:

Name on card: _____ Card Type: _____
Card No: _____
Start Date: _____ Expiry Date: _____
Security Code: _____ Issue No: _____
Registered Address of Cardholder if different from return address above.

