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sales@tridentuk.com



www.tridentuk.com

Name	
Address	
Post code	
Country	
Email	
Telephone	
Date	
Order no. (if known)	

Date required _____

Drysuit colour _____

Drysuit brand _____

Service	Latex	Neoprene
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Neck with collar	<input type="checkbox"/>	<input type="checkbox"/>
Left wrist	<input type="checkbox"/>	<input type="checkbox"/>
Right wrist	<input type="checkbox"/>	<input type="checkbox"/>
Left sock	<input type="checkbox"/>	
Right sock	<input type="checkbox"/>	
Left ankle	<input type="checkbox"/>	
Right ankle	<input type="checkbox"/>	

Zip	<input type="checkbox"/>
Fly Zip	<input type="checkbox"/>
Water pressure test	<input type="checkbox"/>

Returning your Repair form:

Once you have completed this form please print and enclose a copy with your drysuit. If you are unable to access a printer please email us a copy and enclose a note with your drysuit advising us that you have done so.

Payment:

After the job is finished we will call you for your card payment details. If we are unable to contact you by phone we will then send you an email with a link for you to pay online. Once payment has been taken we will then dispatch your suit.

Delivery Time:

We aim to turn around repairs with one week of receipt. However during busier periods this may be longer – if you require your suit back within a specific time frame please make sure you fill in the 'date required' section on the left and we will see what we can do.

Shipping Address

- ☐ Same as billing
☐ Other (fill in below)

Name _____

Address _____

Post code _____

Country _____

Shipping instructions _____

NOTES