Sailboat Deliveries Limited

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Delivery Booking Form

Client Name:		
Address:		
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Tel:		
Fax:		
Mobile:		
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Client Signature:		
Date:		
Please tick if you would like confirm	nation of receipt of this booking fo	rm by email:
Places fill in and sand back to the	address above with any required r	a cuma ant
	address above with any required p Sailboat Deliveries Ltd or by BACS	-
	7685 or phone your card details to	
Many thanks		
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