

ALLERDICE ACE HARDWARE - SARATOGA

SCREENING WORK

DATE DROPPED OFF:	
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CUSTOMER NAME:	
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ADDRESS 1:	
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ADDRESS 2:	
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ADDRESS 3:	
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PHONE NUMBER:	
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CELL PHONE:	
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SPECIAL INSTRUCTIONS:	
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TAKEN IN BY EMPLOYEE:	
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DATE DELIVERED TO GLASS SHOP:	
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DATE COMPLETED BY GLASS SHOP:	
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