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| Production Order Form/ Specifications Form **Jacobs Well** |
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| Jacobs Well,  |
| Oil Mill Road, Opposite Deepa Bakery,  |
| St. Thomas Town Post, Bangalore 560 084 INDIA |
| Phone: +91 80 42101464 |

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| Contact:  | Brenda Sheil  |
| brenda.sheil@jacobswell.co.in |
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| 1. CLIENT DETAILS:
 | 3. MAILING ADDRESS: |
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| --- |
| Name: |
| Phone: |
| Email: |

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| 2. COMPANY DETAILS: | 4. SHIPPING ADDRESS: |
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| --- |
| Name: |
| Phone: |
| Email: |

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| 5. PRODUCT SPECIFICATIONS: Please attach photographs, patterns and/or drawings  |
| Product Name | Quantity | Comments | Fabric | Linings | Trims |
|  |  |  |  |  |  |
| 6. PRODUCTION DELIVERY DATE **:** |
| **7**. MODE OF DELIVERY (state preference ) **:** |
| * Courier: U P S /FEDEX (post paid)
* India Post: (prepaid )
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| 8. DESCRIBE YOUR ORDER FURTHER (if necessary)**:** |
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| 9. CLIENT SIGNATURE: |  |
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