

Mail-In Form  
For Jerry's Leather Shop

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Item #1: \_\_\_\_\_

Work Desired to be  
done: \_\_\_\_\_  
\_\_\_\_\_

Item #2: \_\_\_\_\_

Work Desired to be  
done: \_\_\_\_\_  
\_\_\_\_\_

Item #3: \_\_\_\_\_

Work Desired to be  
done: \_\_\_\_\_  
\_\_\_\_\_

Item #4: \_\_\_\_\_

Work Desired to be  
done: \_\_\_\_\_  
\_\_\_\_\_