



Grand Valley-Direct

Grand Valley-Direct Inc.
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N1R 7L5

CUSTOM POCKET REQUEST FORM

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sales@gvddirect.ca

Date: _____ **Date Required:** _____

Customer: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Card Size: _____

Outside Dimension: _____

Open Side: _____

Quantity: _____

Additional Specifications and/or Diagrams:
