

**Peninsula Glass Company**  
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## Window Repair Shipment Packing Slip

Customer Name:	
Shipping Address:	
Description Of Item(s) Being Shipped: Expected Action / Special Instructions:	
Phone Number:	
E-Mail Address:	
Payment Terms:	Balance Of Charges Due Before Return Shipment
P.O. # / Reference:	
Preferred Shipping Method:	

**Additional Special Notes/Instructions:**

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