

SHARPENING / REPAIR SERVICE FORM

PLEASE NOTE: RETURN SHIPMENTS WILL BE DELAYED WITHOUT ESTIMATED DEPOSIT

Date: _____

_____ # of Blades _____ # of Scissors _____ # of Clippers

What Clipper do you use most frequently?

Andis Oster Wahl Other _____

Comments / Special Instructions:

Return Shipping Information:

Home Address Business-In-Home Business

Name _____

Company Name _____

Street Address (no P.O. Boxes) _____

City _____ State _____ Zip _____

Telephone (____) _____ E-Mail _____

Insure Package \$ _____ (if blank package will not be insured)

Payment Options:

Check / Money Order Enclosed - Number _____ Amount \$ _____

Mastercard Visa Discover American Express

Note: We now require 3 Digit CVV Codes - include with each shipment, we cannot keep this on file !!!

Card Number _____ Expiration Date/CVV Code _____

Print Name On Card _____

Card Billing Address _____

Signature _____

Keep Card Information On File

Use Card Information On File - last four digits _____ Exp Date/CVV Code _____

Unless instructed to do so, we do not keep credit card numbers on file. Please let us know if you have changed/updated your company name, address or credit card information



120 Fourth Street • Mt. Wolf, PA 17347 • (717) 266-7348 or (888) 742-7745

E-Mail: Precisionsharp@hughes.net • Web: www.precisionsharp.com

REV. 07/09