

## **Sharpening Services Order Form**

Please complete the form below and enclose with your items to be sharpened. One item per line please.

|         | tem   | Description         | n of item or work needed            | Price |
|---------|---|---------------------|-------------------------------------|-------|
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     |                                     |       |
|         |   |                     | Total of It                         | ems   |
|         | Return Shipping Fee   | (Priority USPS). Sr | mall Package \$12 or Medium Package | \$16  |
|         | 11 0  | , ,                 | Please enter appropriate amo        |       |
|         |   |                     | Total Amount                        |       |
| Return  | Shipping Address  |                     |                                     |       |
| Name _  |   |                     | Phone Number                        |       |
| Mailing | Address   |                     | Email Address                       |       |
| Payme   | nt Options  |                     |                                     |       |
| 0       | Check or Money Order  | Enclosed with Order |                                     |       |
| 0       | <ul> <li>Credit Card Payment (Please complete)</li> <li>Credit Card Number</li> </ul> |                     |                                     |       |
|         |   |                     |                                     |       |
| 0       | Expiration Date   |                     |                                     |       |
|         | Signature of Card Holde   |                     |                                     |       |
|         | Bill Address  |                     |                                     |       |

Please mail along with items to be sharpened and payment to:

Simply Sharper Wisconsin 1157 Weatherwood Dr Neenah, WI 54956 920-470-0825