

Shear Savvy Sharpening Form

5427 Route 9H & 23 Lot 17
Hudson NY 12534
877-214-3552

Name: _____
Address: _____

Day Phone: _____
Cell Phone: _____
E-mail: _____

Date Mailed: _____

Payment
Card Type: _____
Card #: _____
Exp Date: _____
(Please make checks payable to Paul Naused)
A receipt will be returned with your shears.

Please list items included

Shear Description (Brand, type, etc.)	Comments on how shear is performing
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pricing
Shears - \$25
Thinners/Texturizers - \$15
Shipping Cost - \$8
Oil Pen & Cleaning Cloth - \$6
Bumper - \$5
Pinky Rest - \$5

Reminders

- Pack shears in padding.
- Complete and enclose this form
- Insure your package (We are not responsible for damage or loss that occurs in route to us.)
- Include Payment