

# Shear Savvy Inc. Sharpening Form

**PO BOX 830  
Supply NC 28462  
518-567-1144  
shearsavvyinc@gmail.com**

Date Mailed: \_\_\_\_\_

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Payment**

Card Type: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Security Code on back: \_\_\_\_\_  
 (Please make checks payable to Shear Savvy)  
 A receipt will be returned with your shears.

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

Enter the **total value** of your shears for insurance in case of loss or damage.  
 \$ \_\_\_\_\_

	QTY		Cost		Totals
Shears/Thinners/Texturizers		x	\$25.00	=	
Oil Pen		x	\$6.00	=	
Pinky Rest		x	\$5.00	=	
Shipping & Insurance Cost				=	
Sales Tax 6.75%				=	
<b>Total</b>				=	

- 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