

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%				=	
Total				=	

- 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