

Cutting Edge Sharpening Services Mail-In Form

First Name: _____ Last Name: _____

Salon Name: _____

Return Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Salon Phone: (_____) _____

Personal Phone: (_____) _____

Email: _____

Would you like a replacement tang (finger rest) if needed? (Please Circle)

Yes

No

Card Number: _____

Expiration Date: _____ / _____ Card Type: _____

CVV Code (Three digit code on the back right of your card): _____

I agree to allow Cutting Edge Sharpening Services to bill the provided card for all services rendered. Cutting Edge Sharpening Services will provide new scissor bumpers only where needed for proper functioning of the shear. Costs for said bumpers are two dollars for standard and four dollars for screw in. My signature below will stand as my agreement to allow Cutting Edge Sharpening Services to determine bumper needs, and serve that I am aware Cutting Edge Sharpening Services is not responsible for lost or damaged items.

Signature: _____ Date: _____

BEFORE SHIPPING PLEASE:

- Place a rubber band around the tips of your shears.
- Wrap your shears in paper towel, newspaper, or bubble wrap.
- Place them in a padded envelope along with this completed form.
- Make sure the package is sealed well with staples or tape.
- Insure your package for 100% of the new retail value of its contents. Cutting Edge Sharpening Services IS NOT RESPONSIBLE FOR UNINSURED PACKAGES.