



SHARPENING FORM

NAME _____

ADDRESS _____

CITY, _____

STATE, & ZIP CODE _____

PHONE NUMBER _____

EMAIL _____

SALON NAME _____

SALON ADDRESS _____

SALON CITY _____

SALON STATE, ZIP CODE _____

SALON PHONE _____

MODEL NAME OF SHEAR _____

WARRANTY WORK \$13.00 PAYMENT:

CC _____ EXP ____/____ CHECK

COMPLETE RECONDITIONING SERVICE \$38.00 PAYMENT:

CC _____ EXP ____/____ CHECK

SPECIFIC INSTRUCTIONS: