



## Sharpening Services Order Form

Please complete the form below and enclose with your items to be sharpened. One item per line please.

| Item   | Description of item or work needed | Price |
|--|------------------------------------|-------|
|  |                                    |       |
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|  |                                    |       |
| <b>Total of Items</b>  |                                    |       |
| <b>Return Shipping Fee (Priority USPS). Small Package \$12 or Medium Package \$16<br/>Please enter appropriate amount.</b> |                                    |       |
| <b>Total Amount Due</b>  |                                    |       |

**Return Shipping Address**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Payment Options**

- Check or Money Order Enclosed with Order
- Credit Card Payment (Please complete)  
 Credit Card Number \_\_\_\_\_
- Expiration Date \_\_\_\_\_ CVV Number \_\_\_\_\_  
 Signature of Card Holder \_\_\_\_\_  
 Bill Address \_\_\_\_\_

**Please mail along with items to be sharpened and payment to**

**Simply Sharper LLC  
 1825 Smith Street  
 New London, WI 54961  
 920-738-3901**