

## **Sharpening Services Order Form**

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

	Item	Description	n of item or work needed	Price
	·		Total of Item	ıs
	Return Shipping Fee	(Priority USPS). Sr	mall Package \$12 or Medium Package \$1	6
			Please enter appropriate amount	t.
			Total Amount Du	е
Return	Shipping Address			
Name _			Phone Number	
Mailing	g Address			
Payme	nt Options			
0	Check or Money Order Enclosed with Order			
0	Credit Card Payment (Please complete)			
	Credit Card Number			
0	Expiration Date			
	Signature of Card Holde	er		
	Bill Address			

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

Simply Sharper Wisconsin 1825 Smith Street New London, WI 54961 920-470-0825