

**Sharpening Services Order Form**

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

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| **Item** | **Description of item or work needed** | **Price** |
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| **Total of Items** | |  |
| **Return Shipping Fee (Priority USPS). Small Package $12 or Medium Package $16 Please enter appropriate amount.** | |  |
| **Total Amount Due** | |  |

**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 Wisconsin   
1825 Smith Street**

**New London, WI 54961**

**920-470-0825**