



1116 W. Madison Street | Chicago, IL 60607 | 312-624-8020

MAIL IN SHARPENING FORM

Contact information:

Name _____ Phone _____

Address _____

Email _____

Qty:	Item Description: (Indicate make/model)

Customer Notes:

Would you like to purchase shipping insurance? Yes No

If YES, please indicate total value of all items being shipped \$ _____

Customers will be contacted for payment information once service is completed. Customers are responsible for ALL shipping costs.

Items that are not picked-up or claimed within 30 days of being serviced will be disposed of without any liability to Town Cutler.

Customer Signature _____ Date _____