



1005 Bush Street | San Francisco, CA 94109 | 415-359-1519

### 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 \_\_\_\_\_