



FULL NAME:

PHONE NUMBER:

EMAIL :

FULL SHIPPING ADDRESS:

DATE SENT:

KNIFE MODEL:

HANDLE COLOR:

ADDITIONAL NOTES:

If you do not have a printer feel free to hand write
this form and include it with your package.

**PLEASE SHIP ALL KNIVES IN A SHEATH
AND VIA USPS ONLY!**

**MONTANA KNIFE COMPANY
PO Box 753
Frenchtown, MT 59834**

