

Sharpening/Repair Form

Print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Email: _____

List of items sent for sharpening: _____

List of items sent for repairs: _____

Special Instructions or Requests: _____

Do you want us to ship your items back to you insured? ___

An invoice will be created upon completion of the services and will be sent to you through email. Once the invoice is paid, then your items will be shipped back to you. We warranty all sharpening for 7 days and all parts and repairs for 30 days. Any items not paid for within 30 days of issuance of the invoice will become the property of Clipper Pros.

We do not accept checks!

Signature: _____