

Mail-In Sharpening Order Form

Please complete and mail this form with items to be sharpened to:

National Mobile Sharpening

For USPS send to: **PO Box 331068, Kahului, HI 97833**

FedEx for UPS: **Call for Ship-To Address**

Direct inquiries to: www.knifeguy.us info@knifeguy.us Tel: (808) 669-3432 Fax: (808) 419-6716

Be Sure to Wrap All Items Securely and Safely in Newspaper and Use Proper Packaging

Quantity	Item	Price Each	Total Price
	Paring Knives (3" or shorter blade length)	\$3.00	
	Chisel	\$4.00	
	Straight Edge Knife (over 3" blade length)	\$4.25	
	Cleavers/Scrapers/Dough Cutters	\$5.50	
	Serrated Edge Knife/Pizza Wheels	\$6.75	
	Household, Kitchen, or Fabric Shears	\$8.00	
	Shaved Ice Blades	\$10.00	
	Garden Shears / Pruners	\$12.00	
	Pinking Shears (no guarantee - see below) Hair Scissors	\$30.00	
	Other:	Call for Price	
		Sub Total	
S&H (Priority Mail) first item \$10.00, add \$3.00 for each additional item			
Express Service (Express Priority Mail) first item \$25.00, add \$3.00 for each additional item			
Total Due (payable with order)			

Return Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

I understand that the items I am having sharpened may break during the sharpening and/or alignment process, especially if they are bent and need to be straightened. I hereby release National Mobile Sharpening Service, LLC and/or Peter, Lesa, and Gavin Soman from any and all liability for the same.

Signature: _____ Date: _____

Must Be Signed on All Orders

Payment Information: [] Check Enclosed [] MasterCard [] VISA [] Discover Card

Credit Card Number: _____ Expiry Date: (MM/YYYY) _____

Name on Card: (Print) _____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize National Mobile Sharpening Service, LLC to charge my credit card the amount listed above.

Cardholder's Signature: _____ Date: _____

Must Be Signed for Credit Card Payments