| Date: |  | Name: |
| --- | --- | --- |
| Service request Address If being shipped: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Knife type | Description of service requested | Length | Total |
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|  |  |  |  |
|  | Subtotal |  |  |
|  | Sales Tax |  |  |
|  | Shipping & Handling |  |  |
|  | Total Due |  |  |

Due upon receipt

Thank you for your business!