

Customer Info:

order!

Integrity and Repair Clinic.

4901 Henry Hudson Parkway W, Sharpening Order Form (Include this form with your order)

Full Name: _____ Date: ____ Cell:

Suite 7K, Bronx, NY 10471 Alt: Email This Form to Shear Integrity

Phone:212-740-0723 Email@: info@shearintegrity.com Website:shearintegrity.com

Address1: Check#: Address2: CreditCard#: City,Street: Expiry Date:	_			Telephone:
Take a photo of your tool before; and after, for your records. Shipping Info: FullName: Address1: Address2: City,Street: Zip Code: *Sorry, we do not ship to PO Boxes, or APO addresses. Payment Info: CheckAmount: Check#: Check#: CreditCard#: Expiry Date: CVC Code: *Sorry, we do not ship to PO Boxes, or APO addresses.		& EMAIL ADDRESS, Orders Will Be		
Shipping Info: FullName: Address1: Address2: City,Street: Zip Code: *Sorry, we do not ship to PO Boxes, or APO addresses. Payment Info: CheckAmount: Check#: Check#: CreditCard#: Expiry Date: CVC Code:	onal lb.	· · · · · · · · · · · · · · · · · · ·		• •
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Zip Code: *Sorry, we do not ship to PO Boxes, or APO addresses.				City,Street:
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Please Leave Comments Below:			ship to PO Boxes, or AF	*Sorry, we do not shi
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Authorized Sharpening Service "Shear Integrity is the only company that EVER touches my scissors". Tabatha Coffey

Thank You For Sharpening With Shear Integrity! Henry Schein Medical Prefers and Recommends, Shear