



382 Homestead Drive - North Tonawanda, New York 14120

716-807-6069

info@shearmobility.com www.shearmobility.com

Sharpening/Repair Service Form  
For the Beauty Professional

Date: \_\_\_/\_\_\_/\_\_\_

Type	Qty.	Fee	Subtotal
Beauty / Cutting Shears / Thinning Shears	_____	\$25 / each	\$ _____
Barber Shears	_____	\$6 / each	\$ _____
Corrugations (*please specify below)	_____	\$1 / each	\$ _____
Repair of Oster 76 Clippers* <small>*parts to be billed separately</small>	_____	\$15 + Parts	\$ _____
		SubTotal	\$ _____
		Sales Tax for NYS Orders (SubTotal x 0.0875)	\$ _____
		Shipping	\$ FREE
		<b>TOTAL DUE</b>	\$ _____

Comments / Special Instructions

Payment Options

Check / Money Order Enclosed - Amt Enclosed

\$ \_\_\_\_\_

*Please make payable to "Shear Mobility"*

Visa / Mastercard



Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature X \_\_\_\_\_

Return Shipping Information

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Insure Package? Y N Amount \$ \_\_\_\_\_

\*if left blank package will NOT be insured

\*\*\*Please keep a copy of this for your records - This is your receipt!\*\*\*

A "Shear Mobility" receipt will be issued and sent with your return of equipment.

Thank you for your business!