

**Sharpening/Repair Service Form for the Beauty Industry**

P.O. Box #592

Niagara Falls, New York 14304

716-807-6069

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***If shipping UPS or FedEx, please call for a mailing address***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Quantity** | **Fee** |  | **Subtotal** |
| Beauty/Cutting/Thinning Shears |  |   | $35 / each |  | $ |
|  |  |  |  |  |  |
| Barber Shears |  |   |  $15 / each |  | $ |
|  |  |  |  |  |  |
| Serrations/Corrugations |  |   |  $10 / each |  | $ |
| *To which scissors:* |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Repair Shear Damage from Previous Sharpener |  |   |  $4-$8/each |  | $ |
|  |  |  |  |  |  |
| Clipper Blades |  |   |  $8 / each |  | $ |
|  |  |  |  |  |  |
|  |  |  | **Subtotal** |  |  |
|  |  | Shipping on Orders $100+ |  | free |
|  |  | Shipping on Orders Under $100 |  $ 12.00  |
|  |  |  | **Total Due** |  |  $  |
|  |  | Package Insurance Requested |  $  |

**Please add comments/special instructions to back of this sheet:**

*Please wrap your tools securely to prevent any damage during shipment.*

 *Please keep your tracking number! This will let you know when it arrives to us.*

**Payment Options:**

Check/Money Order Enclosed

*\*Payable to Shear Mobility*

Card Number:
 Exp Date: CCV#

Billing Address:

Signature:

PayPal email address:

**Return Shipping Address:**

Name:

Salon Name:

Street:

Apt/Suite/Unit:

City:

State:

Zip code:

Phone #: