SHIPPING FORM FOR

LOVE'S SHARPENING
2145 GOOD HOPE ROAD
EDWARDS, MS 39066
601-529-1973

NAME_____
COMPANY_____
PHONE_____
EMAIL_____
ADDRESS_____

ITEMS BEING SHIPPED
QTY BLADE # (Skip or Full Tooth) or OTHER ITEMS (CLIPPERS, SCISSORS KNIVES, ETC.)

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WHAT KIND OF CLIPPERS DO YOU USE?_____

IF PARTS ARE NEEDED DO YOU **PREAUTHORIZ**E THIS OR DO YOU WANT A **CALL** FIRST? (CALLING EXTENDS THE TIME FOR ORDER TO GO OUT) CIRCLE ONE

ANY PROBLEMS WITH ITEMS BEING SENT (NOT DIGGING INTO THE FUR, FOLDING HAIR, ETC)

DO YOU WANT PACKAGE INSURED AND FOR HOW MUCH? YES NO AMOUNT_____

ANY SPECIAL SHIPPING INSTRUCTIONS?