

Name/shop name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Billing Address: _____

Total Number of Blades: _____ (please check for broken teeth before shipping as packages will be jostled around in shipping)

Number of blades with broken teeth: _____

Total number of clippers: _____

Clipper repairs please let us know if you want us to call for an estimate or if you want to approve repairs ahead of time and not have to wait for an estimate call.

Circle One

Estimate

Fix it

**** If you send in 10 or more blades we will send your blades back in a blade box for a more secure shipping method and storage*****

If you wish to purchase a blade box for your blade for a more secure shipping method they are \$5.00 please indicate if you would like one

Circle one

Yes or no

Shipping Address:

Fort Worth Shaver
1900 Montgomery St.
Fort Worth TX 76107