



STYLIST/BARBER

All items marked with an asterisk (*) must be completed.

CONTACT INFORMATION					
*Contact Name:			Company Name:		
*Street Address:					
*City:			*State:		*Zip Code:
*Phone: () -		Mobile: () -		OK to Text: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email:					
ORDER INFORMATION					
TYPE	PRICE		QTY	LINE TOTAL	NOTES
Premium Honed Scissors (convex scissors)	\$25.00	X		\$	
Standard Non-Honed Scissors (beveled scissors)	\$20.00	X		\$	
Thinning Scissors	\$25.00	X		\$	
Chunker Scissors	\$30.00	X		\$	
Clipper Blade Sharpening	\$7.00	X		\$	
Andis Machine Repair	\$15.00 +parts	X		\$	
Oster Machine Repair	\$25.00 +parts	X		\$	
SUBTOTAL:				\$	

<p align="center">SHIPPING</p> <p>Customer is responsible for all shipping charges. Be sure to include a return label in your package. Kuda Sharpening Systems will use the same packaging/return label to return items. Any shipments without a return shipping label will have USPS Priority Shipping added to their final invoice.</p>	<p>PAYMENT OPTIONS (Please check one) All invoices paid prior to shipment.</p> <p><input type="checkbox"/> I authorize Kuda Sharpening systems to automatically charge my credit card.</p> <p><input type="checkbox"/> I will receive a final invoice via email to pay for services.</p>
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PAYMENT DETAILS			
<u>CARD TYPE</u>		<u>CARD DETAILS</u>	
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	Card Number:	
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	Expiration Date: /	CVV (Security):

Print two (2) copies of this form. Place one copy inside the package with products and keep a copy for your records.

MAILING ADDRESS
KUDA SHARPENING SYSTEMS
443 SE NOME DR
PORT ST. LUCIE 34984