

SCISSORS SHARPENING SERVICE ORDER

NAME	PHONE NUMBER
ADDRESS	
CITY, STATE, & ZIP CODE	
EMAIL	
SALON NAME	SALON PHONE
SALON ADDRESS	
SALON CITY, STATE, ZIP CODE_	
NAME/BRAND of SHEAR or TEXT	URIZERS
PAYMENT METHOD	
☐ Online ☐ Check (enclosed)	■ Money Order (enclosed) ■ Credit Card (see below)
Credit Card Number	EXP/ CVV Code
HANDLING INSTRUCTIONS	
Be sure to enclose this form in your packa scissors to you.	age to ensure that we have all of the necessary information to return your
	e your scissors with this Order Form in a padded envelope. Please wrap newspaper or bubble wrap to prevent it from opening during transit. Do
•	our website, you can enclose your payment with your shears. The price ssors including return shipping and insurance. Please indicate your
Checks or money orders should be mad	e out to: Shiro Shears
Shipping—Please insure the package an	d send your scissors to:
	Shiro Shears
	2655 King Richard Dr.
	El Dorado Hills, CA 95762