303 Freedom Road
Locust Grove, VA 22508
www.fastsharp.com

540-308-9895
Email: info@fastsharp.com

Mail-In Work Order Form

Print & Include Form With Your Order

Client Invoicing & Return Shipping Information:

Name:_____ **Email:**_____

Address:_____ **Phone:**_____

Address 2:_____ **Cell Phone:**_____

City, State & Zip:_____ **Country:**_____

No Work Order Will Be Return Shipped Without Payment-In-Full

You Will Be Notified of Total Charges Including Return Shipping & Handling
Return Shipping Rates Invoiced At: USPS Priority Mail Rates

Quantity	Tool / Description	Rate / Unit	Total
Total Sharpening Sharpening Amount			
Total Return Shipping & Handling			
Total Work Order Amount			

If you are unable to print this form, please include the required information about your order.
Package all tools safely and send to the shipping address at the top of the Work Order Form.