

SHARPENit

Mobile Sharpening Service

Business Name: _____

Your Name/Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

Hours of Operation:

Sharpening Details:

Amount of knives to be sharpened: _____ Knives

Type of Knife(s): _____

Customer is liable to maintain knives in good condition, with only standard wear and tear from normal usage. SHARPENit shall not be liable for any injuries sustained by accidental or incidental misuse of knives, blades, or any cutting instruments supplied.

___ I completely understand and agree with the above statement.

Any loss of knives or damage beyond normal wear and tear will result in customer purchasing knives at retail cost.

___ I completely understand and agree with the above statement.