

SHARPENit

If it doesn't cut, SHARPENit

Name _____

Address _____

City _____

State _____

ZIP _____

Home Phone _____

Cell _____

I acknowledge the receipt of _____ pair(s) of _____ shears.
I will pay \$ _____ total price on the Rent-To-Own (RTO) program.
(Please remit payments to 20 Golf View Drive • Neptune, NJ 07753)

The terms are as follows:

\$ _____ down, which includes a one time setup fee of \$10.00

\$ _____ payable in one month, due on _____.

\$ _____ payable in two months, due on _____.

The shears will be maintained and sharpened during the rental period at no additional cost.

DISCLAIMER: By signing this form, you agree to the following: 1) Payment is due by the date shown. 2) If payment is more than five days late, there will be a late fee of \$10.00 added. 3) Any non payment will result in repossession of the shear(s) and termination of this contract with NO REFUND. 4) Customer will be responsible for any damage beyond normal wear or usage.

My cosmetology license number is _____.

I have read, understand, and agree to these terms.

Signature _____

Date _____