



www.hairscissors.org / 352-378-1130

Mail-in Sharpening Order Form

Please affix the appropriate mailing label and ship to: **HairScissors.org**
1105 NW 13th St.
Gainesville, FL 32601

Customer Information

Name	
Address	City
State/Zip	Phone
Email	

Sharpening Items

Description	Unit Price	Quantity	Total \$
Hair Shears Sharpening Service	\$39.00		\$

Payment Information

Account Type: Check/Money Order Visa MasterCard AMEX Discover

Check/Money Order : Payable to HairScissors.org

Cardholder Name _____

Account Number _____

Expiration Date _____ Security Code _____

Billing Address _____

I agree to the above charges being applied to my credit or debit card.

Signature _____ Date _____

From :

**To :
HairScissors.org
1105 NW 13th St.
Gainesville, FL 32601**