

Saw Blade Sharpening

Please complete the following and enclose with blades being shipped.

Enclosed Blade Description(s)				
QTY	Blade Type	Blade Diameter	Number of Teeth	Used to Cut (Material) A brief description of the blade's use might help us make your cutting job easier!
	<input type="checkbox"/> Segmental <input type="checkbox"/> High Speed Steel <input type="checkbox"/> Carbide Tipped			
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TOTAL Blades Enclosed			<input type="checkbox"/> Please advise price BEFORE proceeding!	

Contact/Shipping Information	
Billing Address (should match address on Credit Card if used)	Shipping Address If different from billing Address.
Name:	Name:
Company Name:	Company Name:
Address:	Address:
City, ST ZIP	City, ST ZIP
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> C.O.D. Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card Number: <input type="text"/> Expiration: <input type="text"/> Signature: _____	Phone Primary: Phone Secondary: Fax: Email: Ship Via: <input type="checkbox"/> UPS <input type="checkbox"/> I will arrange a pickup. <input type="checkbox"/> Other _____



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