

CUSTOMER SHIPPING FORM – PLEASE PRINT

Revised Jan11



OFFICE INFO
Account # _____
Opener _____
Date Received _____

309 Hockersville Road
Hershey, PA 17033
(717) 533-4426

www.FrankRoweAndSon.com
orders@FrankRoweAndSon.com

Date: _____

SHIPPING ADDRESS:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

On File

Work Phone _____

Home Phone _____

Cell _____

Email _____

Check if you want insurance.

Insure for \$ _____

PLEASE ACCEPT MY PAYMENT:

Check or money order enclosed. Overpayments will be refunded. (payable to Dan Rowe)

On File

Credit Card # _____

Exp Date _____ SC# _____
3 numbers on back of CC

Signature _____

Printed Name _____

Address Same as Shipping Address

City _____ State _____ Zip _____

IF YOUR BLADES ARE WORN OUT OR HAVE BROKEN TEETH...

- Throw away & replace with a new blade
 Throw away & do NOT replace
 Fix (if possible)
 Sharpen
 Do nothing, Return blade(s)
 Call me, Phone # _____
 Frank, you decide

BLADES			
Quantity	Size #	Quantity	Size #

SCISSORS	
Quantity	Size #

CLIPPERS	
Quantity	Mfg Name

Please give a brief description of problem, if other than tune-up. Continue in "Items to be purchased" section, if you need more space.

TOTAL BLADES _____

TOTAL SCISSORS _____

TOTAL CLIPPERS _____

Items to be purchased or note to Frank: _____

Name of person filling out this form: _____ Frank, I would like my order back by (date): _____
(Please give us as much time as possible, our quality work takes time.)