

**MAILING ORDER FORM**

FIRST NAME: \_\_\_\_\_ LAST  
NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

STREET  
ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

POSTAL ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ORDER:**

NUMBER OF SMALL CLIPPER BLADES: \_\_\_\_\_ @ \$6.00 = \_\_\_\_\_

NUMBER OF LARGE CLIPPER BLADES: \_\_\_\_\_ @ \$7.00 = \_\_\_\_\_

NUMBER OF GROOMING SHEARS: \_\_\_\_\_ @ \$6.00 = \_\_\_\_\_

NUMBER OF KNIVES: \_\_\_\_\_ @PRICE PAGE = \$ \_\_\_\_\_

RETURN POSTAGE :\$ \_\_\_\_\_

TOTAL:\$ \_\_\_\_\_