

Registration No.	
Sales Rep:	
Additional Ref #:	

Knife Services Request Form

Name:		Date:	-				
		Mailing Address:					
Pho	ne2:						
Qty		**Type of Service S, GR, MR, E, Uraoshi		escription	Other Accessories with this knife?	Unit Price	Amount
Knife * Typ Jap	e Type: Japane e of Service: S anese Style Kr	se style (J) or Western harpening (S), Genera ife Uraoshi Service (U	n style (W) I Repair (GR), Major Re raoshi)	epair (MR), Engraving (E),	Shipping:		
For Pick-up or UPS Delivery (Circle One)			Grand Total:				
	Credit card	billing address:					
		City		State	Zip		
	Credit card	number:			_		
	Expiration I	Date:					
	Security co	de:					
		Customer Sigr	nature:				

Knives that are not picked-up or claimed within 60 days of service being completed will be donated or disposed of without obligation or liability to Korin Japanese Trading Corp.