

KORIN

Fine Japanese Tableware and Chef Knives
since 1982

Date: _____

Knife Services Request Form

*Full Name: _____
Full Name

*Mobile#: _____
Street address, P.O. box, company name, c/o

Work/Home#: _____
Apartment, suite, unit, building, floor, etc.

*Email: _____
City, State, Zip

☐ Pick-up

☐ UPS Delivery

☐ Insurance \$ _____

Country

Qty	Service Type (S), (MR), (E)	Item Description	Right or Left?	Knife's Handle Condition?	Accessories	Amount
			R L	Good		
			R L	Good		
			R L	Good		
			R L	Good		
			R L	Good		
			R L	Good		
			R L	Good		

Credit Card

Billing Address: _____

City

State

Zip

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

***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.***

Customer Signature at drop off

57 Warren Street | New York, NY 10007

Phone 800.626.2172 • 212.587.7021 | Email: cs@korin.com | www.korin.com

Monday-Saturday 10am-7pm | Sunday is closed.