

## BLADE SHARPENING FORM

<b>Customer Details</b>	Your Reference:	
	Your Name:	
	Company Name: (if returning through a retailer)	Agrihealth A/c No.:
	Return address for repaired item	
		Postcode:
	Daytime Contact telephone number:	Mobile telephone number:
Email address:		

### SHARPENING COST

**£10.37 PER SET**  
(including postage)



### Please complete the table below

Number of Blade Sets:	
Blade Type (e.g.: A2, A22):	

\*Please note that sharpening costs are reviewed on a regular basis and are subject to change.

Please describe any damage to the blades being returned:

### PAYMENT METHOD

Please choose a payment method and return this order form by post together with your blades.

<input type="checkbox"/>	I have enclosed a cheque made payable to Agrihealth.
<input type="checkbox"/>	I would like to pay using a credit/debit card*.
*- You will be contacted by phone on receipt of this form.	