

KORIN

Fine Japanese Tableware and Chef Knives
since 1982

Date: _____

Knife Services Request Form

*Full Name: _____
Street address, P.O. box, company name, c/o

*Mobile#: _____
Apartment, suite, unit, building, floor, etc.

Work/Home#: _____
City, State, Zip

*Email: _____
Country

Pick-up

UPS Delivery

Insurance \$ _____

Qty	What would you like done on your knife? (Sharpening, Fix Tip, Remove Rust, Reshape, Etc)	Item Description	Right or Left Handed?
			R L
			R L
			R L
			R L
			R L
			R L

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: _____

57 Warren Street | New York, NY 10007
Phone 800.626.2172 · 212.587.7021 | Fax 212.587.7027 | www.korin.com
Mon-Fri 10am-7pm | Sat&Sun 10am-6pm