

KEIR POINT-OF-SALE SHARPENING STONES ORDER FORM

Enclosed is my check for \$_ @ \$40.00 per box (Qty. 60) +				
Credit Card Name:				
Credit Card #				
Credit Card Expiration (mm/y	y)/	_		
Ship Order To:				
Name:				
Address:				
City:	State/Zip			
Phone: ()	Fax: ()			
Contact Name:				
Please print our personalized (one line; 20 characters or sp			ws:	

Tel: 828 / 885.8444 Fax: 828 / 884.7494

e-mail: sales@KEIRmfg.com

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