\*Please print and fill out one form per knife and include it in your package\*

# Brous Blades Service Form

|  |  |
| --- | --- |
| Date |  |
| Knife Model |  |
| Handle Material and Blade Finish |  |
| Serial Number (If Applicable) |  |
| Service(s) Requested |  |
| Name |  |
| Shipping Address 1 |  |
| Shipping Address 2 |  |
| City |  |
| State |  |
| Zip |  |
| Country |  |
| Email Address |  |
| Phone Number |  |
| Text Message or Email Updates? (Circle One)  | Text / Email / Both |
| Additional Notes/Comments |  |

Ship to:

Brous Blades

283 Pamela Way STE 105

Buellton, CA 93427

\*PLEASE DO NOT REQUIRE SIGNATURE\*