

*C.L. Sturkey, Inc.*

**Customer Information Sheet**  
**For Reconditioning Service**

*Please fill out completely and include this with your next shipment of knives/instruments.*

**Billing Address: (where we should send the invoices and/or the address associated w/the credit card)**

**How many copies of the invoice should we send? \_\_\_\_\_**

**Special Instructions:**

**Shipping Address: (where your knives should be returned to)**

**Please send your knives to:**

C.L. Sturkey, Inc.  
Receiving Dept./Basement  
824 Cumberland Street  
Lebanon, PA 17042

**Phone #:** (    ) \_\_\_\_\_

**PO# (if so, please enter it here)**

**Credit Card # (if so, please enter it here. Or, if you prefer that we call you for it, please enter a phone #)**

\_\_\_\_\_ EXP Date: \_\_\_\_\_ Security code (last 3 or 4 digits): \_\_\_\_\_

**PLEASE NOTE: We need to receive either a valid PO# or a valid credit card number in order to process your knives. Failure to provide all necessary information could result in a delay of your order.**

*Thank you for taking the time to complete this information. It is our goal to provide you with excellent service and to return your knives in a timely manner.*