

EMERSON KNIVES, INC.
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 HARBOR CITY, CA 90710



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 Phone: 310-539-5633

WARRANTY SERVICE/REPAIR FORM

Form valid through 01/01/2025

RETURN SHIPPING INFORMATION - Turnaround time is usually 4-8 weeks. ****DO NOT SHIP IN AN ENVELOPE****

NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____
(Include email if you want email updates)

PRICES FOR RETURN SHIPPING METHOD FOR THE USA ONLY

US Priority Mail- \$15 UPS \$18.50

Add \$5.00 Per Additional Knife Sent - QTY Of Additional Knives: _____ Amount \$ _____

THE ABOVE PRICES DO NOT APPLY TO INTERNATIONAL SHIPPING- INTL SHIPPING COST VARIES BY LOCATION

KNIFE INFORMATION

******We reserve the right to seize any counterfeit products shipped to us******

| KNIFE MODEL | BLADE TYPE | ADDITIONAL INFO (Serial Number, Accessories or Year) |
|-------------|---------------|--|
| 1 | SF SFS BT BTS | |
| 2 | SF SFS BT BTS | |
| 3 | SF SFS BT BTS | |

COMMENTS: _____

***WE DO NOT DO SERVICE, WARRANTY WORK OR SHARPEN ANY KNIVES THAT HAVE BEEN CUSTOMIZED OR ALTERED OUTSIDE OF OUR FACTORY AND OR WERE NOT MANUFACTURED BY EMERSON KNIVES, INC.**

REASON FOR SERVICING (Please specify if sending multiple knives):

SHARPENING \$5: ADD PARTIAL SERRATIONS \$25.00

SPA TREATMENT \$45 (Includes new screws, clip, thumb button, cleaning & sharpening| DO NOT OFFER: Recoating blade, refinishing or re-logo)

DRILL & TAP FOR LEFT HAND CARRY \$25: NEW G-10 BLACK HANDLES \$38.50 COLORED HANDLES \$60 SUBJ. TO AVAILABILITY

BLADE REPLACEMENT \$110.00-330.00 (Depending on Model. Blades Subject to Availability):

WARRANTY WORK:

*******We do not do any service, sharpening or spa treatments on any knives pre 2000*******

PAYMENT INFORMATION

CARD# _____ EXP: _____ CCV: _____

BILLING ADDRESS: _____

PLEASE READ: Leave payment area blank if you'd like us to call you upon completion for payment information

OFFICE USE ONLY

| | |
|----------------------|-----------------------|
| CHECK IN DATE: _____ | Total Due: \$ _____ |
| WORK SUMMARY: _____ | Check Out Date: _____ |