

EMERSON KNIVES, INC.  
 1234 254th STREET  
 HARBOR CITY, CA 90710



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 Phone: 310-539-5633

**PRODUCTION KNIFE SERVICE/REPAIR FORM**

Form valid through 01/01/2026

**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: _____