



BLADE DIVISION CUSTOMER SHEET

11010 McHenry Street, Meadville, PA 16335 | (814) 333-1782

Please submit this Customer Sheet with each order that you send.

Check one:

Check if apply.

☐ Returning Customer ☐ New Customer ☐ Change of Address ☐ Change of Billing Info

CUSTOMER/COMPANY NAME: _____

SHIPPING ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

QTY BEING SENT IN: _____

MATERIAL: _____

HARDNESS*: _____

**If you leave Hardness blank PHT will determine based on steel type, part geometry, blade application/type*

HOW MUCH GRIND STOCK IS ON THE BLADES: _____

Peters' Heat Treating Blade Division is not responsible for surface finish blemishes and straightness on knives with less than 0.010" grind stock. Post heat treat straightening methods vary based on blade alloy/geometry/other factors and this may present during secondary finishing operations if not reviewed.

Return Shipping Method _____

We will return the order using the same shipping method in which we received the blades unless otherwise in-structed. Please make all requests for a different shipping method or express shipping on this sheet.

Return Shipping Insurance Amount _____

Insurance will not be included on return shipping unless it is requested on this sheet. Customer bears risk of loss during transportation and shall maintain appropriate insurance to cover such risk of loss.

ALL WORK IS SUBJECT TO THE MTI STATEMENT OF LIMITED LIABILITY TERMS AND CONDITIONS FOUND AT: www.petersheattreat.com/terms-conditions. By sending PHT your order, you are agreeing to these terms and conditions.

SIGNATURE: _____ DATE: _____

PHT BLADE DIVISION

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Payment Policy: All customers must have a credit card on file before orders can be returned. Please include your credit card information on this sheet or call us with the number. Your credit card will be charged before your order is returned. Once your card is on file, we keep your information in secure software, so there is no need to send it with each shipment unless it has changed.

CUSTOMER/COMPANY NAME: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CARD TYPE: _____

CARD #: _____

EXPIRATION DATE: _____

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Thank You
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