



# PETERS'

## HEAT TREATING, INC.

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### BLADE DIVISION

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

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

*Check all that apply (may be none)*

New Customer

Change of Address

Change of Billing Info

NAME:

\_\_\_\_\_

SHIPPING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER(S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

QTY BEING SENT IN:

\_\_\_\_\_

MATERIAL:

\_\_\_\_\_

HARDNESS:

\_\_\_\_\_

Return Shipping Method \_\_\_\_\_

*We will return ship using the same method in which we received the blades unless otherwise instructed. 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.*

Thank You  
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 when your order is shipped. Once your card is on file, we keep your information in a secure file, 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: \_\_\_\_\_

*Thank You*  
**PHT BLADE DIVISION**