



KNIFE RETURN FORM

T.KELL KNIVES
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Tell us why you are returning the knife:	<input type="checkbox"/> Request Sharpening	ORIGINAL ORDER # _____
	<input type="checkbox"/> Repair or Replace	
	<input type="checkbox"/> Request a Refund	

Your Full Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____

Email: _____ Mobile Phone: _____

What knife are you sending us? (Check all that apply)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> ACCOMPLICE | <input type="checkbox"/> GUARDIAN | <input type="checkbox"/> PIRANHA |
| <input type="checkbox"/> ADVERSARY | <input type="checkbox"/> MERCENARY | <input type="checkbox"/> RAIDER |
| <input type="checkbox"/> AGENT 001 | <input type="checkbox"/> MR-1 | <input type="checkbox"/> SAPPER |
| <input type="checkbox"/> AGENT 002 | <input type="checkbox"/> NIGHTGUARD | <input type="checkbox"/> STRIKER |
| <input type="checkbox"/> AGENT 003 | <input type="checkbox"/> NIGHTGUARD 2.0 | <input type="checkbox"/> TS-87 TACTICAL SCREWDRIVER |
| <input type="checkbox"/> AGENT 004 | <input type="checkbox"/> NIGHTHAWK | |
| <input type="checkbox"/> AGENT 005 | <input type="checkbox"/> NIGHTSHADE | <input type="checkbox"/> TAYLORS RIDGE |
| <input type="checkbox"/> AGENT 006 | <input type="checkbox"/> WHARNCLIFFE | <input type="checkbox"/> WARTHOG |
| <input type="checkbox"/> AGENT 007 | <input type="checkbox"/> NIGHTSHADE REVERSE TANTO | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BUSHMAN | | _____ |
| <input type="checkbox"/> COMBATANT | <input type="checkbox"/> NIGHTSTALKER | _____ |
| <input type="checkbox"/> CW FOLDER | <input type="checkbox"/> NIGHTSTALKER CG | _____ |
| <input type="checkbox"/> FLN | <input type="checkbox"/> NIGHTSTALKER CQC | _____ |
| <input type="checkbox"/> FMF | <input type="checkbox"/> OPS HAWK | _____ |
| <input type="checkbox"/> GIDEON V3 | <input type="checkbox"/> OPS STRIKER | _____ |

KNIVES



What other parts are you sending us? (Check all that apply)

- | | | | | | |
|-------------------|--|-------------------|--------------------------------------|------------------------|---------------------------------------|
| ----- GRIPS ----- | <input type="checkbox"/> AIRMEN | ----- GRIPS ----- | <input type="checkbox"/> GRAYMAN | - DISCONTINUED GRIPS - | <input type="checkbox"/> BLACKHAWK |
| | <input type="checkbox"/> APACHE | | <input type="checkbox"/> HADES | | <input type="checkbox"/> BRIMSTONE |
| | <input type="checkbox"/> BATTLESHIP | | <input type="checkbox"/> HIVIZ | | <input type="checkbox"/> GUNMETAL |
| | <input type="checkbox"/> BDU | | <input type="checkbox"/> MIDNIGHT | | <input type="checkbox"/> MARAUDER |
| | <input type="checkbox"/> BLACK | | <input type="checkbox"/> MULTICAM | | <input type="checkbox"/> RED DAWN |
| | <input type="checkbox"/> BLACK MICARTA | | <input type="checkbox"/> ODG MICARTA | | <input type="checkbox"/> WOODGRAIN |
| | <input type="checkbox"/> BLUE JEAN MICARTA | | <input type="checkbox"/> OD GREEN | | |
| | <input type="checkbox"/> FURY | | <input type="checkbox"/> WARRIOR | | SCREWS |
| | <input type="checkbox"/> GIVATI | | <input type="checkbox"/> WOODLAND | | <input type="checkbox"/> BLACK SCREWS |
| | | | | | <input type="checkbox"/> GRAY SCREWS |

Please explain what you would like us to do for each knife.

Knife #1 Model:	Work Request:
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Knife #2 Model:	Work Request:
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