



SHIP TO: Tip of the Spear Training Group, LLC. Attn: Cerakote 4951 Babcock Street NE, Suite 1, Palm Bay, FL 32905

### CUSTOMER INFORMATION

Name:	LTC No./Expiration
Address (address, city, state, zip)	
Phone Number:	
Email Address:	

### FIREARM INFORMATION

MFTR:	Model:	Serial Number:	Caliber:
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### PROJECT

QTY	Item/Serial #	Color / Description / Pattern

### SPECIAL INSTRUCTIONS / COMMENTS

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### TIP OF THE SPEAR ORDER AUTHORIZATION AND RELEASE

I authorize TIP OF THE SPEAR TRAINING GROUP, LLC (hereinafter "TOTSTG") to perform work outlined in this form on the items listed above, as well as, agree to the accuracy of the described project. I hereby release and agree to indemnify and hold harmless TOTSTG, its employees, officers, and agents from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney's fees, court costs, and loss of judgements of any kind and nature which may result from services provided for me by TOTSTG.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_