FILL OUT FORM COMPLETELY

IF YOU CANNOT FOLLOW SIMPLE
INSTRUCTIONS, WORK WILL NOT BE
COMPLETED ON FIREARM.

NO EXCEPTIONS

NAME:					
PHYSICAL ADDR	RESS:				
CITY:	STA	TE:	ZIP CODE:		
CONTACT PHON	E NUMBER:	10/3			
GUN MAKE:	MODEL:	SER	IAL NUMBI	ER:	
Case/Bag Y/N if Y	ES, TYPE: SO	FT/HARD	COLOR:		
Magazine Included	l: Y/N How M	lany?			
Did You Leave Me	Ammunition to	test your l	Firearm? Y/N	10	1
IF NO AMMUNITION IS LEFT A	ND IS REQUIRED FOR TE	STING, I WILL PR	OVIDE AMMUNITION	NAT \$1+ PER R	OUND
WORK REQUEST	ED:				
INDOOR	Otto				G
DOES CUSTOME TO BE COMPLET			ATE BEFORE S / NO	E WORK	IS
Any and all Gunsmith wo being done in good faith a completed will be held for the price of the	that payment will be n r a period of 90 calen	nade once the dar days. Afte	work has been co r 90 calendar day	ompleted. An s, the firear	y work
Signature			Date:	/	/