

**ARMORY SERVICES REQUESTED & RELEASE FORM:**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RECIEVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CUSTOMER DETAILS:**

**FULL LEGAL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_\_\_\_

**FIREARM DETAILS:**

**MAKE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MODEL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CALIBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SERIAL #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF WORK REQUESTED** *(Be as specific as possible)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PLEASE REVIEW & INITAL THE FOLLWING:**

**01.)** I understand that by leaving my firearm to be serviced, cleaned, repaired or to be outfitted with requested accessories and/or customizations by Valor Defense Depot, LLC no guarantee is given as to when the service will be completed. The estimated timeframe or date of completion is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**02.)** When notified that my firearm is ready, I am aware that I must pick it up within 30 days following the notification, or additional charges for storage *($1.00 per day)* may be applied. If you fail to pick up the firearm and pay for services after 90 days, the firearm will be considered abandoned and forfeited.

**INITAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**03.)** I swear and/or affirm that I will not hold Valor Defense Depot, it’s armorers or any employee liable for any damages or destruction to my firearm or any other property owned by me, and that I am solely responsible for the firearm and any actions with the firearm once returned to my possession, to include malfunctions and/or any safety concerns. Furthermore, I have read, signed and fully understand the Valor Defense Depot armory services waver of liability that outlines these details further.

**INITAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**04.)** I agree to pay all charges due for services prior to picking up my firearm, including any additional property or associated items that may have been included with those services. If the original price quote given for services is modified for any reason you will be notified prior to work being performed. Any fees for labor, parts or special ordered items cannot be returned. Any parts supplied by you cannot be guaranteed for fitment and function, if deemed unsafe or quality concerns exist, they will not be used.

**INTIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**05.)** I am aware that my firearm can only be returned to the person who dropped it off and completed all the required paperwork and forms, no exceptions.

**INITAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS SECTION TO BE FILLED OUT UPON RETURN OF FIREARM TO CUSTOMER:**

I have inspected my firearm, and it has been returned to my possession, along with all parts, cases, or other items and/or accessories held by Valor Defense Depot.

**PRINTED NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNITURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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