



BRAHMA ARMS CERAKOTE
 Licensed Federal Firearms Dealer
 4570 Babcock Street NE, Suite 2
 Palm Bay, FL 32905
 321.877.8364

Work Order Date

Pickup Date

Project Work Order

Personal Information

Military/Law Enforcement, ID#: _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Returning Client _____ How did you hear about us? _____

Project Information

Type _____ NFA/Title II

Manufacturer _____ Model # _____ Serial Number _____

Condition Delivered _____

Work to be Performed _____

Cerakote Color Selection

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Complete _____ | <input type="checkbox"/> E-Series _____ | <input type="checkbox"/> H-Series _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Upper _____ | <input type="checkbox"/> Barrel _____ | <input type="checkbox"/> Blade _____ | <input type="checkbox"/> F. Hider _____ |
| <input type="checkbox"/> Lower _____ | <input type="checkbox"/> Bolt _____ | <input type="checkbox"/> Trigger _____ | <input type="checkbox"/> Hammer _____ |
| <input type="checkbox"/> Slide _____ | <input type="checkbox"/> Forearm _____ | <input type="checkbox"/> Stock _____ | <input type="checkbox"/> Cover _____ |
| <input type="checkbox"/> Frame _____ | <input type="checkbox"/> Grip _____ | <input type="checkbox"/> Accessories _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cylinder _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> All Mov. Parts _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Special instructions _____

Parts Ordered _____

Project Cost _____
<input type="checkbox"/> Custom Color \$15
<input type="checkbox"/> Match Color \$50
<input type="checkbox"/> Parts _____
<input type="checkbox"/> Misc. _____
Total Amount _____

Customer Acceptance

By signing below you are acknowledging and authorizing all work to be performed as listed on this project work order and agree to the fees associated to the work performed.

Customer Signature _____

Date _____

By signing below you are acknowledging that all authorized work on this form has been completed to your satisfaction. If paying by credit card you authorize Brahma Arms to charge the amount above. Acknowledge that the item painted will need 30 days to fully cure and harden, and should not be handled or fired until 30 days have passed from the date of delivery.

Customer Signature _____

Date _____