



SERVICE QUOTE FORM

* Denotes Field Requiring Customer Response

*Model Of Gun: _____

*Gauge: _____

*Serial #: _____

*Owner's Name: _____

*Name _____

*Address _____

*City, State, and Zip _____

*Phone _____

* Problems with Firearm in Question:

1. _____
2. _____
3. _____
4. _____

Parts:	Labor:	Pricing:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

NOTES:

Subtotal: _____

Tax: _____

Total Repair Cost: _____

Shipping: _____

Total: _____

Quoted cost approved by customer via:

Letter Fax Email

Repair will commence once payment with certified funds is received

Method Of Payment: Money Order Certified Check

Credit Card Cashier's Check

Date Of Payment: _____

Repair Completed By: _____

Repair Inspected By: _____

Thank You for Your Patronage