



Turning Good Guns into Combat Weapon Systems

Date:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Return Shipping Address (if Different):

City:

State:

Zip:

Payment:

Card Type:

Name on Card:

Card Number:

Expiration:

CID Code:

Firearm Make/Model:

Serial #:

Caliber:

Notes – If you run out of options in the form below, please add additional items below:

Slide/Trigger Work To Be Performed

Stippling/Frame Work To Be Performed

Are you military, law enforcement, or a first responder?

(If yes, please include a copy of your photo ID to receive a 10% discount)

Signature: _____