

GUNSMITH

CUSTOMER

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____

DATE _____

REPAIR NUMBER

RECORD BOOK
 PAGE - LINE (VOLUME)

FIREARM FOR REPAIR OR SERVICE

- PISTOL REVOLVER RIFLE SHOTGUN RECEIVER / FRAME ONLY ACTION ONLY BARREL ONLY OTHER _____

MANUFACTURER	MODEL	CAL/GAUGE	ACTION	BARREL	FINISH	SERIAL NUMBER
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NUMBER OF
 DETACHABLE MAGAZINES
 INCLUDED (NONE, 1, 2, 3, ETC.)

OTHER ACCESSORIES INCLUDED WITH FIREARM _____

REPAIR ORDER

DESCRIPTION OF REPAIR OR SERVICE TO BE DONE:

ACTION WORK RE-FINISH METAL
 BROKEN PARTS RE-FINISH WOOD
 MALFUNCTION RE-BARREL
 SCOPE / SIGHTS STOCK WORK
 RECOIL PAD CLEAN / INSPECT
 UPGRADE WORK WARRANTY WORK
 INSTALL CUSTOMER - SUPPLIED PARTS
 OTHER _____

DETAILS: _____

CUSTOMER AUTHORIZATION	COST ESTIMATE	APPROX. COMPLETION DATE
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INVOICE

QTY	STOCK#	DESCRIPTION	UNIT PRICE	AMOUNT

OUTSIDE WORK (SHOP): _____ DATE SENT OUT: _____

COMMENTS AND/OR SUGGESTIONS:

INVOICE SUB-TOTAL	\$
TAX	\$
NON-TAXABLE LABOR	\$
TOTAL	\$
DEPOSIT	\$
BALANCE DUE	\$
BALANCE PAID	\$

RETURN OF FIREARM TO CUSTOMER

CUSTOMER SIGNATURE (ACCEPTANCE OF WORK / RECEIPT OF FIREARM) _____ DATE _____