

Customer Info

Name		Phone	
<input type="text"/>		<input type="text"/>	
Street Address		City	State Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>

Return Address (if different from above)

Name		Phone	
<input type="text"/>		<input type="text"/>	
Street Address		City	State Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>

Weapon Information

Manufacturer		Model		Serial #		Ga/Cal	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/>	Revolver	<input type="checkbox"/>	Frame	<input type="checkbox"/>	Pistol	<input type="checkbox"/>	Slide
<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Mzl Loader	<input type="checkbox"/>	Barrel <input type="checkbox"/> Other

Work Requested

Trijicon Night Sights	<input type="checkbox"/>	3-dot	<input type="checkbox"/>	front dot	<input type="checkbox"/>	dot-over-dot
	<input type="checkbox"/>	bar-dot	<input type="checkbox"/>	bar-dot-bar	<input type="checkbox"/>	other

If available, would you like white ring outlines around the dots? yes no

Other: Please describe work desired

Payment Information

Check or money order enclosed. Amount \$ Check #

OR

Visa Mastercard

Card #
Expiration CCV # (3 digits on back)

OR

Please call me for credit card info when you receive my package.

Customer Signature _____ Date _____