

PAID \$\$ _____
CHECK # _____
WEIGHT _____

BLACK-T[®] ORDER FORM

Date: _____

Company Name _____

Contact Name _____

Daytime Phone Number () _____

FAX Number () _____ Cell No. () _____

Billing Address: _____

City _____

State _____ Zip _____

Firearm: Rifle Shotgun Handgun

Other: _____

Manufacturer _____

Model _____

Serial No. _____

Other Descriptions: _____

Shipping Address: (NO P.O. BOXES!) _____

City _____

State _____ Zip _____

List quantity and description of all parts if
disassembled, or any additional parts sent:

Indicate the BIRDSONG treatment that you want, including any special instructions/requests:

All BLACK-T[®] Green-T[®] Exterior Desert Tan Dark Earth Two-tone {combo}

(DETAILS): _____

Insurance value for return shipping is \$ _____ (INSURANCE VALUE REQUIRED!!!)

Return to me prepaid. I have included payment of \$ _____.

I have an open account, please invoice me.

Charge to my Credit Card: Type _____

BOX: **FEDEX:** **LG** **MD** **SM** **TRI**

Other Notes:

_____ x _____ x _____

WEIGHT: _____

MEMO: