



Contact Information:

Name _____	Street Address / PO Box _____	City _____	State _____	Zip Code _____
Phone Number _____	Alternative or Work Phone Number _____	Email Address _____		

Alternate Contact, God Forbid: -

Name _____	Phone Number _____	Email Address _____
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*If you're **ACTIVE OR VETERAN** Military, Law Enforcement, or a First Responder, please include documentation for 10% off your **bluing** cost *

Project Information:

Make/Manufacturer/Importer _____	Model _____	Serial Number _____	Caliber or Gauge _____
Requested Finish <input type="checkbox"/> Matte (200) <input type="checkbox"/> Standard (320) <input type="checkbox"/> High Polish (400) <input type="checkbox"/> Master Finish (600) <input type="checkbox"/> Two Tone (ie: Marlin 336) <input type="checkbox"/> Stainless (ie: Post 64 Win 94)			

Wood Refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clean Only	Recut Existing Checkering? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wood Finish <input type="checkbox"/> Satin <input type="checkbox"/> Gloss
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Would You Like Us To Expedite Your Project? (Additional Fees May Apply) <input type="checkbox"/> Yes <input type="checkbox"/> No (*Be Sure To Check Availability First*)

* Wood spot touch-up and some stock repairs may be possible upon inspection*
 * If your project comes in **assembled**, you **will** be charged a disassembly & reassembly fee *

Additional details: _____ _____

This section is for use by the Precision Bluing team, please leave blank.

LB # _____ QB # _____	Disassembly/ Reassembly? Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	ENTIRE / BARREL ONLY / RECEIVER ONLY / PART(S) / SLIDE ONLY / OTHER CERAKOTE / COLOR CASE RESTORATION / SPECIAL BATH BLUE ONLY / INSTALL PART / REPLACE PART ADDITIONAL GUNSMITHING	Received ____/____/____ SPOKE WITH / LEFT MSG EMAILED / FULL INBOX NO INBOX / DROPOFF	10% DISCOUNT <input type="checkbox"/> VERIFIED SN _____
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Notes: _____ _____
