WORK ORDER FORM

Internal Use Only

Received: _____

Box / Tag#: _____

Incoming by: _____

Other: _____

Shipped by & Date: _____

_____

Ship to Shop:

UPS / FedEx: TKC, 503 N Church St, Thomasboro, IL 61878

Post Office: TKC, PO Box 333, Thomasboro, IL 61878-0333

Date: _____ Email: _____

Customer Name: _____

Billing Address: _____

_____

City: _____

State:_____Zip:_____Work/Cell # _____

Home Billing Phone #_____

Shipping Address: (**If different that Billing address**) _____

_____

City: _____

State:_____Zip: _____

Cylinder Information

Manufacturer: _____

Model of Revolver Cylinder:_____/ Caliber _____

Work you are requesting: _____

_____

_____

_____

Accessories wanted with your order (clips, Tools & etc.) _____

_____

_____

(If you need more room, please add a sheet)

Payment Information

Credit Card Type:_____Number: _____

Expiration Date: _____

Name as appears on card: _____

CVN # (three digits back of card) _____

Credit Card Billing Address (**if different than shipping address**):

_____

_____

Check if applicable: / Cashier's Check enclosed: _____

Money Order Enclosed: _____

Personal Check Enclosed (add check number) _____

(Please allow 2 weeks to clear)

Customer Signature REQUIRED (authorizes TK Custom, LLC to complete work)

X_____