

BLACK-T® ORDER FORM

PAID \$\$ _____
CHECK # _____
WEIGHT _____

Date: _____

Company Name _____

Contact Name _____

Daytime Phone Number () _____ - _____

FAX Number () _____ - _____ Cell No. () _____ - _____

Billing Address: _____

City _____

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

City _____

Firearm: Rifle Shotgun Handgun
Other: _____
Manufacturer _____
Model _____
Serial No. _____
Other Descriptions: _____

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 (Combination)
 Light Gray Dark Gray Pink
(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 _____

Name on Card _____ Exp Date _____

Following Sections for Birdsong use only :

BOX: FEDEX: LG MD SM TRI
 _____ x _____ x _____
WEIGHT: _____
MEMO:

Other Notes: