Customer Service Request Form

Print form, complete all questions and include a photocopy of your driver's license with your firearm.

Customer Name:		Date	e:/	/	
Address:					
City:	State:	Zip:			
Home Phone: ()	Cel	Phone: ()	-		
Driver's license number:		State:			
Email address:		 -			
Firearm manufacturer	Model	Ser	ial #		
Caliber or Gauge:	Type of action:				
I authorize PMD Gunsmithing LI	.C to work on my firearm:				
Firearms not paid for after 60 c Certified letter will be sent to yo UPS shipped to your above add	our recorded address before we	•		_	_
Signature		Date/_			
*** Important – F We cannot proces	•		-	driver's	license.
Send UPS to:					
PMD Gunsmithing, 2	2031 Elm Rd., Warre	en, Ohio 4448	3		

Customer work order form