



SOUTH RIDGE ARMS INC. WORK ORDER FORM

Customer Information:

Today's Date ____/____/____

Email Address: _____@_____

Customer Name: _____

Phone Number: (____) _____ - _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Firearm Information: ____Pistol ____Rifle ____Shotgun ____Other

Manufacturer: _____ Model: _____

Serial Number: _____ Caliber: _____

Work to be completed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Work Order Agreement:

*Deposit payment is required in order to start repairs: in the total amount of either parts or labor, whichever is greater.

*You, the customer are expected to pay all fees in full upon completion of the order. Failure to do so within 90 days may result in sale of the item in order to recuperate the repair costs.

*If your firearm is obscure, obsolete or discontinued there could be additional charges. Please be aware that pre-existing damage, wear and tear and broken parts may not be visible without in depth inspection. Therefore initial estimates are subject to change.

*If changes in price exceed an additional 15% then work will cease until changes can be approved by the customer.

*Local tax will be added to total when item is complete for payment.

* Minimum Shop rate per hour: labor \$75.00, machine time \$95.00.

* We reserve the right to refuse service.

* Customer will pay shipping both ways.

I have read the above disclaimer and agree to the terms as listed:

Name (please print): _____

Signature: _____ Date: ____/____/____

For Office Use Only:

Date of paperwork submission: ____/____/____

Date of firearm submission: ____/____/____ Receiving Clerk: _____

Calls Made ____/____/____ Notes: _____

Calls Made ____/____/____ Notes: _____

Calls Made ____/____/____ Notes: _____

Calls Made ____/____/____ Notes: _____

Work Completed ____/____/____ Notes: _____

Property Picked Up ____/____/____ Notes: _____

Delivery Clerk _____