



MIKES TACTICALS CUSTOMS

SHIP TO: 1320 EDMONTON CT. TRACY, CA 95376

CERAKOTE

LASER STIPPLE

HANDSTIPPLE

CUSTOMER INFORMATION

FIRST NAME:

LAST NAME:

PHONE #

STATE ID#

EMAIL ADDRESS:

ADDRESS:(CITY, STATE, ZIP)

PLEASE READ FOR ALL FIREARM SHIPMENTS

PLEASE INCLUDE A COPY OF YOUR STATE DRIVER LICENSE / ID . ADDRESS MUST MATCH TO WHERE YOUR FIREARM IS BEING SENT BACK TO. IF ADDRESS DOES NOT MATCH THEN 2 PROOF OF ADDRESS ARE REQUIRED TO SHIP TO RETURN ADDRESS

FIREARM INFORMATION-IF SENDING ANY SERIALIZED PART USE THIS FEILD

MFTR:

MODEL:

SERIAL#

MFTR:

MODEL:

SERIAL#

MFTR:

MODEL:

SERIAL#

PROJECT

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

QTY:

PART/ITEM:

COLOR/LASER DESCRIPTION:

SPECIAL INSTRUCTIONS/COMMENTS

MIKES TACTICALS LLC ORDER AUTHORIZATION AND RELEASE

I authorize MIKES TACTICALS LLC to perform work outlined in this form on the items listed above, as well as, agree to the accuracy of the described project. I hereby release and agree to indemnify and hold harmless MIKES TACTICALS LLC, its employees, officers, and agents from and against any and all liability,claims, demands, actions, damages, expenses, and costs, including attorney's fees, court costs, and loss of judgements of any kind and nature which may result from services provided for me by MIKES TACTICALS LLC.

SIGN _____ PRINT _____ DATE _____