



Work Order Form

Your Full Name _____
Street Address _____
City _____ State _____ Zip _____
Phone Number () _____
Email Address _____
Firearm Make _____ Model _____
Serial Number _____ Caliber _____
Any Included Accessories _____

Payment Information

Total Amount Enclosed: \$ _____
Payment Method (circle one): Cash/ Money Order/Visa / MC /Discover
Credit Card Number: _____
_Expiration Date: __ __ / __ __

Work To Be Performed:

Special Requests:

Shipping Address:

HGC
4500 Garrison Chapel Road
Bloomington, In 47403