



# Sporting Arms

## ORDER FORM

FFL # 9-91-011-01-3D-00649

(360) 887-3560  
 5107 NE 94th Ave Ste B  
 Vancouver, WA 98662  
 Info@CMGSportingArms.com

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address (Must Be FFL Holder Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ eMail: \_\_\_\_\_

Credit Card:  Visa  MasterCard Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Firearm Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Pistol  Revolver  Rifle  Shotgun  Other Caliber: \_\_\_\_\_ Serial No: \_\_\_\_\_

Firearm Complete?  YES  NO If Not, Describe: \_\_\_\_\_

Included Accessories: \_\_\_\_\_

QUAN	DESCRIPTION OF WORK REQUESTED	COST ESTIMATE
PICK UP <input type="checkbox"/> SHIP <input type="checkbox"/> <span style="float: right;"><b>TOTAL COST ESTIMATE EXCLUDING SHIPPING &amp; HANDLING</b></span>		

Comments / Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Received By: \_\_\_\_\_