

# MLS FIREARMS

# REPAIR ORDER / INVOICE

DATE IN	DATE COMPLETED	DATE(S) NOTIFIED	DATE PICKED UP & CUSTOMER INITIALS / SHIPPED & TRACK #
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NAME	PRIMARY PHONE	ALTERNATE (CELL/WORK) PHONE
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STREET	E-MAIL
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CITY	STATE	ZIP
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MAKE	MODEL	SERIAL #	CALIBER / GUAGE
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**ADD'L EQUIPMENT RECEIVED WITH FIREARM**

SCOPE   
  LENS COVER   
  SLING   
  MAGAZINE  
 CASE   
  CUSTOMER'S AMMO: \_\_\_\_\_ RDS  
 OTHER \_\_\_\_\_

**WORK REQUESTED**

MALFUNCTION   
  ACTION WORK   
  CLEAN   
  MOUNT SCOPE   
  RECOIL PAD  
 OTHER / DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WORK PERFORMED	HOURS	CHARGES	SUBTOTAL

PARTS	HOURS	CHARGES	SUBTOTAL

TOTAL

\_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_