ORDER FORM

The Robar® Companies, Inc.
21438 North 7th Ave, Suite B
Phoenix AZ 85027
Tel (623) 581-2648
Fax (623) 582-0059
info@robarguns.com

Customer Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address (if different from above): _____

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 ☐ SHIP ☐	TOTAL COST ESTIMATE EXCLUDING SHIPPING & HANDLING	

Comments / Notes: _____

_____

_____

_____

Customer Signature: _____ Received By: _____