

ORDER FORM

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Customer Name _____ Date: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Shipping Address: _____ State: _____ Zip Code: _____
 City: _____

 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Telephone: _____
 Alternate Telephone: _____ eMail: _____
 Credit Card Visa Check Card Number: _____ Expires: ____ CVC ____
 Firearm Brand: _____ Model: _____
 Pistol Revolver Shotgun Other Caliber: ____ Serial No: _____
 Firearm Complete ? Yes No if not, Describe: _____
 Included Accessories: _____

QUAN	DESCRIPTION OF WORK REQUESTED	COST ESTIMATE
PIC UP <input type="checkbox"/> SHIP <input type="checkbox"/> TOTAL COST ESTIMATE EXCLUDING SHIPPING & HANDLING		

How did you hear about us ? _____

Customer Signature: _____ Received By: _____