# Customized Creationz Firearm Order Form

Print Form

Customized Creationz
449 East St Clair
Romeo , Michigan 48065
USA

**Phone: 586 232 3422**

email: guns@customizedcreationz.com

Web site: customizedcreationz.com

| Customer Information | | SHIP to: FFL or Alternate location | |
|---|---|---|---|
| **Name** | | **Name** | |
| **Address** | | **Address** | |
| **City** | | **City** | |
| **State / Zip** | | **State / Zip** | |
| **Phone** | | **Phone** | |
| **Alt Phone** | | **Alt Phone** | |
| **email** | | **email** | |

**Please submit a separate order form for each firearm**

Make-Model Serial Number

Number of Magazines

| Include detailed description of services requested including color / finish for finished product | Quantity | Unit Price | Amount |
|---|---|---|---|
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Payment for Custom Orders is expected at time of completion, prior to shipping or pickup

| | |
|---|---|
| **Sub-total** | |
| Return Shipping | |
| Return Insurance | |
| Special Charges | |
| **Grand Total** | |

Reset Form

**Payment Method**

◯ Credit Card-call office with numbers ◯ Money order/check (include w/order) ◯ Cash-in person

**Return Shipping / Handling**

◯ $15- Standard Item ◯ $25- Rec. Lower

◯ $40- Hand Gun ◯ $50- Rifle

**Enter shipping / Insurance costs into boxes >**

**Return Insurance suggested**
$1 per $100 coverage

**Customer signature verifies that the information stated on this order form is correct and complete. A new order form is required for any changes made after the initial order has been processed.**

Customer signature and date

OFFICE USE ONLY

| | | | | | |
|---|---|---|---|---|---|
| Date Received: | Bin # | QB # | Initial Payment | CC# | EXP CVV |
| Box: Y___N___Description: | | SB | Chg Chk Cash | | |

| | | |
|---|---|---|
| FFL Date<br>Page<br>Line | Initial<br>Incoming<br>Outgoing | Special Notes/ Comments |