

Parts Order Form

TVINCHESTER. REPEATING ARMS	Date:							
	Your P.0	D.#						
Your Name/Shop Nam	ne							
SHIPPING AD	DRESS			BILL	ING	A D	DRESS (cred	dit card users only)
Street				Street				
City				City				
State Zip Code				State	State Zip Code			
Phone				Phone				
Daytime Phone:		Ex	tension:		Fax:			
Shipping Instructions: UPS Ground \$8.00				2nd Day Air UPS Overnight \$13.50 \$24.50			\$8.00	
Payment Method:	Maste	rCard	VISA	Discove	er	Cash	Check	Money Order
Card#	Ехр	ires	_ Name S	hown on	Card_			
				Signatur	·е			
Model Serial Number				Gauge/Caliber				
Stock Number	Page No.	Produ	ct Name &	Descript	tion	Qty	Unit Price	Total Price
							*Sales Tax	
							Shipping & Handling	





