## Parts Order Form

TVINCHESTER
REPEATING ARMS

Date:
Your P.O.\#
Your Name/Shop Name

SHUPPING ADDRESS
Street $\qquad$
City
State $\qquad$ Zip Code $\qquad$
Phone $\qquad$
Daytime Phone: $\qquad$ Extension:
$\qquad$
B ILLLNG A DDRESS (credit card users only)
Street
City Zip Code Fax: $\qquad$

| Shipping Instructions: Shipping Charges: | UPS Ground $\$ 8.00$ | 2nd Day Air $\$ 13.50$ | UPS Overnight \$24.50 | Standard U.S. Postal Service $\$ 8.00$ |
| :---: | :---: | :---: | :---: | :---: |
| Payment Method: | MasterCard |  | Cas | Check Money Order |

Card\# __ Expires___ Name Shown on Card

Signature
Model $\qquad$ Serial Number $\qquad$ Gauge/Caliber $\qquad$

| Stock Number | Page No. | Product Name \& Description | Qty | Unit Price | Total Price |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | *Sales Tax |  |
|  |  |  |  | Shipping \& Handing |  |
| VISA |  |  |  | Total Order |  |

