



JOB FORM

812-989-1907 * www.thetacticalsumo.com *
sales@thetacticalsumo.com

Ship To: 125 West Carter Ave. Clarksville, IN 47129

****Please Include this Form with your Shipment****

Name: _____
Phone: _____
EMAIL: _____

Street: _____
City: _____
State/Zip: _____

**** FIREARMS** - Please List, Make, Model and Serial Number of Fire Arm**

Parts To Be Coated (Use Back of Form for More Parts/Colors)

Color(s) And/or Patter(s):

Disassembly/Reassembly Required? Yes Chec No Che

Were you provided with a quote for this project? If so, please list the price here: _____

Military, LEO, First Reponder? Chec Yes Che No

If yes, Please indicate what Branch or Department and include verification for discount:

NOTES/COMMENTS:

How did you hear about us? _____

Payment Information:

- Chec Check/Money Order: Please Make Payable To: The Tactical Sumo
- Chec Credit/Debit Card Add 3% (An Invoice will be Emailed when the Project is Complete)

Signature: _____ Date: _____