

PK GUNSMITHING

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Sales/Service Contract

Name:	Email:
Address:	Phone:
Make:	Model:
Serial No:	Cal: Date Rec:

The following services are to be performed on this firearm;

	<i>Price</i>
1	
2	
3	
4	
Trigger Job: Start:	Final:

Parts			Total Service Cost:
Part No.	Description	Cost	
			Total Parts Cost: _____
			Sub total: _____
			FL Sales Tax (6%): _____
			Shipping: _____
			Total Cost: _____
			Date Pd: _____ / 09
	Total Parts		

I agree to pay the amount specified for service performed to my firearm as agreed upon and as outlined above.

Signature: _____