ORDER FORM

C-RUMS LLC
1924 S Farm Rd 241
Rogersville, MO 65742

Customer Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Alternate Telephone: _____ eMail: _____

□ Check □ Money Order
Credit Card: Card Number: _____ Expires: _____

□ Visa □ MasterCard 3 Digit Credit Card Security Card_____ (On back of card, end 3 numbers)
*Note: CC Will Incur A 3% Non Cash Discount

Firearm Brand: _____ Model: _____

□ Pistol □ Revolver □ Rifle □ Shotgun □ Other □ Caliber: _____ Serial No.: _____

Firearm Complete? □ Yes □ No If NOT, Describe: _____

Included Accessories: _____

Qty	Description of Work Requested	Cost Estimate
	Shipping Small Parts $8.00	
	Shipping Long Guns $25.00	
	Insurance Specify Amount Quoted Per Amount	
	Total Cost Estimate	

Comments / Notes: _____
_____
_____
_____