



Custom Shop Service Form

700 Lake Street Cambridge, MD 21613

410-901-1131

customerservice@gueriniusa.com

Please complete and include this form with your firearm

Customer Information

Name _____

Address _____

city _____

state _____

zip _____

phone _____

fax _____

email _____

Note: If you wish the firearm to be returned to an address other than the "Ship From" address, please attach an FFL for that location

Credit card # _____

Exp date _____

We accept visa, Mastercard and discover

Shotgun Information

Serial number _____

(serial number is located under top lever)

model _____

gauge _____

barrel length _____

date of purchase _____

Retailer _____

Rounds fired

Less than 2500 Specify number_____

Between 2500 and 5000

between 5000 and 10000

More than 10000 Specify number_____

Detailed description of services requested including customizations, additions or issues you are experiencing:

Please allow at least 20 days for completion

date _____

signature _____