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WORK ORDER FORM	1)
	2)
nip to Shop:	
PS / FedEx: TKC, 503 N Church St, Thomasboro, IL 61878 Post fice: TKC, PO Box 333, Thomasboro, IL 61878-0333	
Date:	
Name:	Phone Number:
Address:	Email:
City:	
State:	
Zip:	
Revolver Information	
Manufacturer:	
Model of Revolver	
Work Requested	
Accessories Wanted:	
If you did not pay online, you MUST insert a cheplease insert your order number here.	ck or your credit card information below. If you paid online,
**VISA & MASTERCARD ONLY**	
Payment Information	

\*\*PLEASE ANSWER QUESTIONS\*\*

use an FFL?

1) Did you ship this directly to TK Custom or

2) Will this revolver be set up for Federal

## \*\*

**Payment Information** 

Credit Card Type: Number:

Expiration Date:

Name as appears on card:

CVN # (three digits back of card)

Credit Card Billing Address (if different than shipping address):