

Tooltech Gunsight, Inc. 625 S. Glaspie St. Oxford, MI 48371 (248) 628-1811

YOUR ADDRESS:					
NAME			PHONE		DATE
STREET ADDRESS	CIT	ГҮ		STATE	ZIP CODE
EMAIL ADDRESS:					
SHIP TO ADDRESS (IF DIFFE	RENT FROM ABOVE)				
NAME			PHONE		
STREET ADDRESS	. <b>C</b> I7	ГҮ		STATE	ZIP CODE
MAKE OF GUN	MODEL	GA/CAL.		S/N	
				1	
[ ] Revolver [ ] Pistol [ ]	Slide Only [ ] Shotgu	ın []BBL []Rifle	e [ ] Mzl Loader [ ]O	ther:	
WORK REQUESTED:					
TRIJICON NIGHT SIGHTS: [	] 3-DOT [ ] FRONT [	OOT [ ] DOT OVER	DOT [ ]OTHER		
IF AVAILABLE, WOULD YOU	TIVE WHITE PING OUT	FI INEC ADOLIND TH	EDOTCO   IVEC	[ ] NO	
		LINES AROUND IT	L DO13: [ ] 1E3	į jivo	
OTHER: (Please describe w	ork desired)				
<u>"</u>					
Payment Information:					
Check or money order enclo	osed A	mount \$	Check #	[	7
					<u>-</u>
VISA [ ] MAS	STERCARD [ ]	CARD#	EXPIRATION DATE:	<u> </u>	
OR, PLEASE CALL ME FOR CI	REDIT CARD INFO PRIC	OR TO SHIPPING: 1			
CUSTOMER SIGNATURE:			DATE:		
TOOLTECH GUNSIGHT USE:					#
DATE RECEIVED:	DA	TE SHIPPED:			
		-			
DR FR [ ] DTL FR [ ] RPL					
DR RR [ ] DTL RR [ ] RPI		INS RR [] RR HGT	OLD RR HGT	NEW	
INS FF INS RR					
NOTES:					