



950 N. Parker St., Orange CA 92867 TEL: (714)-634-9254 FAX: (714)-634-9382

• ANODIZING • BLUEING • HARD CHROME • NICKEL • PARKERIZING
 • PLATING • STRIPPING • BAKING • LASER ENGRAVING

Name: _____ Address: _____ P.O NO: _____
 City: _____ State: _____ Zip Code: _____ Contact: _____
 Tel: (_____) _____ Fax: (_____) _____ Invoice No.: _____
 Date RECD: ____/____/____ By: _____ Date REQD: ____/____/____ By: _____

EMAIL: _____

Firearms may only be returned to person received from.

1. Use 1 form per group: **PARTS ON THIS FORM WILL NOT BE KEPT SORTED**
2. Discount prices may not apply if parts are to be kept sorted.
3. Prices may vary with model and manufacturer.
4. Please list all firearm's ATF details on the table at the bottom of this form.
5. Military and law enforcement discount available with valid photo ID.

RIFLE: NON-DEALER

YOUR ORDER INFORMATION

Part Name	QTY 1-2	QTY 3-4	QTY 5-9	QTY 10+	Cus Count	Tech Count	Process	Comments	Each	Total
REC W/ BRL	\$180	\$162	\$146	\$131						
RECEIVER W/O	\$144	\$130	\$116	\$104						
BARREL: O.D.	\$54	\$48	\$43	\$40						
GUARD/PLATE	\$22	\$17	\$11	\$7						
BOTTOM PLATE	\$17	\$14	\$11	\$7						
TOP LEVER	\$17	\$14	\$11	\$7						
BOLT	\$26	\$24	\$22	\$19						
MAGAZINE	\$20	\$17	\$11	\$6						
TRIGGER GUARD	\$12	\$11	\$9	\$6						
SMALL PARTS	\$4	\$4	\$4	\$4						
PINS & SCREWS	\$4	\$4	\$4	\$4						
DIS/ASSY MIN	\$140	\$140	\$140	\$140						
Laser Engraving	\$80/HR (\$39. Min.) Hrs.									
Polish	\$85/HR (\$36. Min.) Hrs.									
Mask	\$52/HR (\$26 Min.) Hrs.									

Stripping Charges 100% of Plating Prices Totals: _____ TOTAL \$ _____

Return Shipping: UPS: _____ R:B:O:G INSUR: \$ _____ WILL CALL REPAIR PRE-PAID

BOX SIZE: _____ X _____ X _____ WEIGHT: _____ FFL NO: _____

I have read and understand the Tech Plate company Policy on the website: Customer's Signature: _____

CUSTOMER NOTES: (list all special requirements) _____ PARTS WILL NOT BE KEPT SORTED PRINT NAME: _____

Credit Card Details		FIREARMS ATF DETAILS				
Name on the Card: _____		MFG	MODEL	CAL	SER. NO.	FEATURES
Billing Address: _____						
City: _____ State: _____ Zip: _____						
Credit Card #: _____ Exp: _____						