



KILLER COATING



CUSTOMER INFORMATION

DATE SHIPPED: _____ DATE RECEIVED: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

GUNS/ PARTS

GUN: MAKE _____ MODEL _____ SERIAL # _____

COLOR ONE: _____
PARTS _____

COLOR TWO: _____
PARTS _____

COLOR THREE: _____
PARTS _____

PATTERN: _____

TOTAL PART COUNT: _____

REASSEMBLY REQUIRED: YES NO

DISASSEMBLY REQUIRED: YES NO

NOTES: _____

QUOTE: _____

KILLERCOATING.COM
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