Work Order

WOLFPACK ARMORY CUSTOM FIREARMS & PARTS

Date: _____
Original Order #: _____

Customer Name: _____
Address: _____
_____
Phone Number: _____
Email Address: _____

Type of Work: Warranty _____
Repair _____
Cerakote _____
Machining _____
Other: _____

Qty	Description	Serial#	
		Sudtotal:	
		State Tax (6%):	
		Total:	

I have read Wolfpack Armory's policy and understand their repair/replace warranty.
Service work must be paid in full in order for parts to be released by Wolfpack Armory.
Service work performed will be returned in "as is" condition.

Signature:_____ Date:_____

2205 Rock Union Rd. Fairmont, WV 26554 304-534-3330 sales@wolfpackarmoryusa.com