



SHIP TO: Deluge Industries - 67193 County Road 31, Goshen, IN 46528

CUSTOMER INFORMATION

Name:	Concealed Carry License # and Expiration:
Address [address, city, state, zip]	
Phone Number:	
Email Address:	

FIREARM INFORMATION

Manufacturer:	Model:	Serial Number:	Caliber:
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PROJECT

QTY	Item/Serial #	Color / Description / Pattern

SPECIAL INSTRUCTIONS / COMMENTS

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Deluge Industries ORDER AUTHORIZATION AND RELEASE

☐ I authorize Deluge Industries to perform the work described in this form on the items listed above, as well as agree to the accuracy of how the project is written and described by myself and/or any representative of myself. I hereby agree to indemnify, release, and hold harmless Deluge Industries, its employees, agents, and officers from and against any and all liability, claims, actions, damages, demands, costs and expenses, including attorney's fees, court costs, and loss of judgments of any kind and nature which may result from services provided for me, and/or any representative of mine, by Deluge Industries.

DATE: _____ NAME: _____ SIGNATURE: _____