fund/Claims Form

ME

DRESS

TY State Zip

ONE (7..)

THOUT RECEIPT, MPLETE BELOW:	DESCRIPTION	AMOUNT
STORE WHERE ITEM PURCHASED	Fires without pulling Trigger. + Jams.	
DRIVERS LICENSE NUMBER/STATE		
MAILING ADDRESS (if different)		

SERVICE DESK USE ONLY

DATE OF REC.

TRANS. #

REG. #

son for Return: ☐ Parts Missing ☐ Defective ☐ Size
☐ Cusomer Dissatisfied ☐ Shrink/Fade/Tear

FIRES WHEN CLOSING BOLT

LAIN DEFECT: