



Work Order Form

Your Full Name _____
Street Address _____
City _____ State _____ Zip _____
Phone Number () _____
Email Address _____

Return Shipping Insurance Amount: \$ _____

Firearm Make _____ Model _____
Serial Number _____ Caliber _____
Any Included Accessories _____

Work To Be Performed (Example: Reblue, Factory Finish, etc.)

Special Requests

Shipping Address:

Willis Arms Repair Inc.
1607 Hwy 527
Elm Grove, LA. 71051
(318)742-7432

Note: Willis Arms Repair Inc. is not liable for damage done to your firearm from the common carrier. We will help you in any way we can on a claim. Make sure you have the right amount of insurance on your package and claim it on the Work Order above because that is what we will put on the package for return insurance. If damaged notify the carrier and save all packing material.