

LFI Gunsmith Intake Information

Staff/Date In: _____

Same Day ☐

Staff/Date Acquired: _____

Staff/Date Picked Up: _____

Staff/Date Disposed: _____

CUSTOMER ONLY

Initial the following:

<input type="checkbox"/>	I acknowledge that by dropping off my firearm for an initial consult or service, a minimum processing fee of \$35 will be charged, regardless of any services rendered.
<input type="checkbox"/>	I acknowledge the gunsmith can refuse or deny service on any firearm at any time.
<input type="checkbox"/>	I acknowledge that I MUST be the sole person to take possession back of my firearm. <i>DRIVER'S LICENSE IS REQUIRED AND MUST MATCH FOR DROP OFF AND PICKUP.</i>
<input type="checkbox"/>	I agree to pay for all parts, labor, and service fees before my firearm, or any associated items, will be returned to my possession. I agree that if additional work is necessary, I authorize additional charges up to \$65 above the initial total. If additional work exceeds \$65, I will be notified before the Gunsmith proceeds. (Notes: _____)
<input type="checkbox"/>	I acknowledge that I will be notified by phone to pick up my firearm within 30 days of completion. A storage fee of \$10 per day will be charged after 30 days. After 90 days, the firearm will be deemed abandoned and will become LFI property.

By signing below, you have agreed to all of the above and acknowledge that you will not hold Liberty Firearms Institute, its gunsmiths, or any other employee, liable for any damages or destruction to your firearm or any other property owned by you, and that you are solely responsible for the firearm and any actions with the firearm once it is returned to your possession, to include malfunctions and/or any safety concerns.

Print Full Name (First, Middle, Last)

Signature

Date

INTERNAL USE ONLY

Customer Information:

First, Middle, & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Firearm Information:

Type: ☐ NFA ☐ Rifle ☐ Shotgun ☐ Pistol ☐ Revolver ☐ Not a Firearm ☐ Other: _____

☐ Copy of Form 1/Form 4

Make: _____ Model: _____

Caliber: _____ Serial #: _____

Storage #: _____

LFI Gunsmith Work Information

Work To Be Performed: *(Be as specific as possible)*

- ☐ Install Optic

☐ Install Sights

☐ Install Muzzle Device
- Purchased at LFI

☐

☐

☐

Notes/Other: _____

PRICING

Accessories Left: ☐ Magazines (how many? _____) ☐ Ammo (_____rds.)

☐ Other: _____

Parts: _____

PRICING

Customer Contact:

Date Called: _____	<input type="checkbox"/> Left Voicemail	<input type="checkbox"/> Spoke To
Notes: _____		
Date Called: _____	<input type="checkbox"/> Left Voicemail	<input type="checkbox"/> Spoke To
Notes: _____		
Date Called: _____	<input type="checkbox"/> Left Voicemail	<input type="checkbox"/> Spoke To
Notes: _____		

<u>CASHIER</u>	
LABOR TOTAL	\$
SKU: 9000000	
PARTS TOTAL	\$
SKU: 9000099	

Attach Duplicate Receipt

Storage #: _____