

Ithaca Gun Company

Service Request Form

*** Denotes Field Requiring Customer Response**

*Model of Gun: _____

*Gauge: _____

*Serial#: _____

*Owner's Name: _____

*Address: _____

*City, State, Zip: _____

*Phone: _____

*Email: _____

*Problems with Firearm in Question:

1. _____

2. _____

3. _____

4. _____

FOR OFFICE USE ONLY

Date Received: _____

Box/Case: _____

LOB: _____

FOR OFFICE USE ONLY

Quote Provided By: _____

Quote Amount: _____

Quote Approval Date: _____