

WILLIAMS TRIGGER SPECIALTIES

111 SE. SECOND
ATWOOD, IL 61913
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info@williamstriggers.com

CUSTOMER QUESTIONNAIRE

DATE: _____ FIREARM: _____ SERIAL #: _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RETURN SHIPMENT TO: ABOVE ADDRESS FOLLOWING ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



FOR OFFICE USE ONLY

ORIGINAL PULL WEIGHT: _____ FINAL PULL WEIGHT: _____ / _____



PHONE NUMBER INFORMATION:

BEST TIMES TO CALL:

Home Number (_____) _____

Work Number (_____) _____

Other # or Email: _____

SHIPPING/HANDLING/INSURANCE

UPS (N/A to P.O. Box Addresses)

- | | |
|---------------------------------------|---------|
| <input type="checkbox"/> GROUND | \$22.00 |
| <input type="checkbox"/> 3 DAY SELECT | 35.00 |
| <input type="checkbox"/> 2ND DAY AIR | 45.00 |
| <input type="checkbox"/> NEXT DAY AIR | 70.00 |

Rural AK: Add \$20 to 2nd
& Next Day Air

COMPLETE RIFLES

We do not recommend shipping complete units but if it is necessary to do so, please check with UPS for their shipment rates. They will need to know where the package will be shipped from (our WTS address), package weight, dimensions of package (ie: length, width, & height), and applicable insurance.

US MAIL

- | | |
|---|-------|
| <input type="checkbox"/> PRIORITY MAIL (Insured) | 20.00 |
| <input type="checkbox"/> EXPRESS MAIL (\$500. Max. Insurance) | 40.00 |

CHARGES ABOVE ARE FOR ONE LOWER RECEIVER. ADD \$5.00 FOR EACH ADDITIONAL UNIT IN SHIPMENT.
Shipping and Insurance charges are subject to change as UPS and US Mail rates increase.

TRIGGER WORK REQUESTED:

QTY.;	UNIT COST	TOTAL
_____ [] STANDARD	\$ _____	\$ _____
_____ [] SET	\$ _____	\$ _____
_____ [] WTSG1 SET	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SHIPPING/HANDLING/INSURANCE (See rates on previous page) \$ _____

SUB TOTAL \$ _____

VISA/MASTER: ADD 5% \$ _____

TOTAL \$ _____

PRE-PAID (\$ _____)

BALANCE DUE \$ _____

METHOD OF PAYMENT:

- Money Order or Cashiers Check
- Personal or Business Check (Shipment may be held 3 weeks for check clearing)
- Visa/Master

Cardholder Name _____

Card #: _____ Security #: _____ Exp. Date: _____

Authorization Signature: _____



FOR OFFICE USE ONLY

Authorization #: _____ Amount _____ Date: _____

