

Caesar Guerini Canadian Service Form MDC 4100B Sladeview Cres., Unit #4, Mississauga, ON, L5L 5Z3 905-625-9846 x 313 or <u>dealers@mdcharlton.ca</u> www.mdcfirearms.ca



## PLEASE INCLUDE THIS FORM WITH FIREARMS RETURNED FOR SERVICE

	<u>Customer</u>	r Information		
Name:				
Address:				
City:	Р	rov: Posta	I Code:	
Phone:	Email:			
Pal#:	Exp Date	e: DOB:		
Credit Card:	dit Card: Exp Date:			
	Shotgun	Information		
Model:	Gauge:	Barrel Length:	Serial:	
Date of Purchase:	R	Retailer:		
Returned with the F	ollowing:			
One Barrel 🔲 Tw	o Barrels 🔲 Multiple	Barrels 🔲 Hard C	ase 🔲 Locks 🔲	
Chokes (Specify):	_	—		
Other (Specify):				
Description of Servio	ce Request:			
Signature:		Date:		
	Please allow at least 2-3 w	eeks for service to be completed	d	
		pointment. All Firearms must be return shipping and we will do o		