American Cryogenic Services
Maryville TN
AMCryo.com

Date:_____

Customer Contact Data

____**(Int)** Firearms must be clean and oil free, if they are not a $5 fee will be added and gun scrubber applied before processing.

Print Name:_____

Street Address: _____ City_____ST___Zip_____

Phone Number_____E-mail_____

Firearm # 1

Description (Make, Model, Year, SN)_____

Barrel length _____ Other parts _____

List parts to be Deep Cryogenically treated:_____

□ Disassembly Service □ Reassembly Service

Special Comments _____

Firearm # 2

Description (Make, Model, Year, SN)_____

Barrel length _____ Other parts _____

List parts to be Deep Cryogenically treated:_____

□ Disassembly Service □ Reassembly Service

Special Comments _____

_____**(Int)** I understand that this process does not "Fix" bad metal or workmanship.
_____**(Int)** I understand that this process is not recommended for any soft solder work (ornate finish or U/O or S/S Shot gun barrels)
_____**(Int)** I agree to hold harmless American Cryogenic Services, its parent or subsidiaries, their officers, employees, families of either, or vendors in like manner in regard to the process and results from the process.

Customer Signature _____