

TUFLOC®

Gun Rack Order Form

To insure the correct product, please complete this form and fax it to Tufloc.

Name: _____

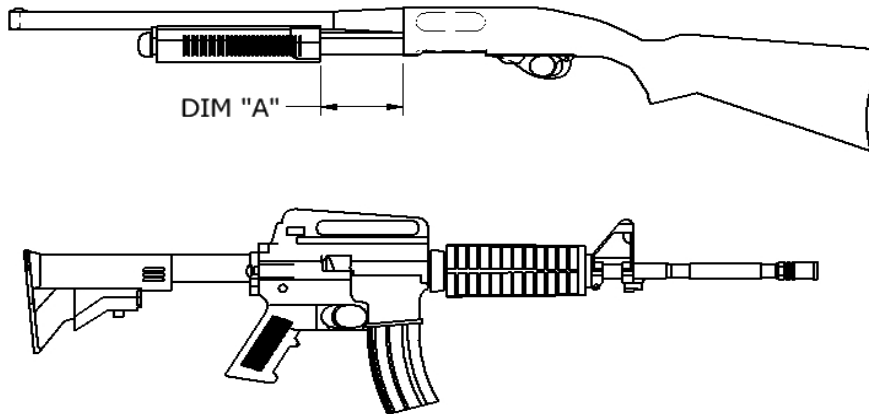
Company: _____

Phone Number / Cell Number: _____

Circle the location in which the weapon rack is to be mounted

- A Roll Bar - Overhead
- B Screen - Overhead
- C Overhead (No Partition)
- D Vertical (Single Gun)
- DD Vertical (Two Guns)
- E Front Seat – (On Floor, Over Hump)
- F Muzzle Down
- G Trunk

Type of guns(s) (Make & Model) _____



If Shotgun, what is dimension "A" (see diagram above) _____

If Rifle, does it have: Collapsible Stock or Full Butt Stock? (circle one)

If Vertical (Two Gun) rack. Which gun on Driver Side _____
Passenger Side _____

Does gun have accessories? Yes / No (circle one)

If yes, please list accessories and where they are located _____

Key type: Handcuff / Tubular (circle one)