WHITE RHINO ARMS™

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WORK ORDER

CUSTOMER NAME	CUSTOMER PHONE	CUSTOMER EMAIL

WORK ORDER #	CUSTOMER ADDRESS

PRIORITY LEVEL	DATE RECEIVED	REQUESTED COMPLETION DATE	COMPLETION DATE

WORK ORDER TYPE

☐ CERAKOTE ☐ LASER ENGRAVING

DESCRIPTION	
WORK COMPLETED	
NOTES	

MATERIALS AND LABOR

DESCRIPTION	COST PER UNIT	QUANTITY	AMOUNT
		TOTAL	

[*** DISCLAIMER ***] CERAKOTE AND LASER ENGRAVING SERVICES PROVIDED BY WHITE RHINO ARMS™ ARE OFFERED "AS IS" WITHOUT ANY WARRANTIES CONCERNING THE FINAL APPEARANCE, AS OUTCOMES MAY DIFFER DEPENDING ON THE SUBSTRATE, COATING THICKNESS, AND LASER SETTINGS. GIVEN THE MANUAL PROCESS INVOLVED IN BLASTING AND APPLICATION, IT IS TYPICAL TO OBSERVE MINOR VARIATIONS, IMPERFECTIONS, OR SLIGHT COLOR ALTERATIONS IN THE ENGRAVING. BY SIGNING THIS FORM, YOU AGREE NOT TO HOLD WHITE RHINO ARMS™ LIABLE FOR THE STATED FACTS.

NAME: _____

SIGNATURE: _____ DATE: _____