

Please tick your selections

Rifle Stock:	Colour:	Hand:	Action/Model:	Floor Plate/Trigger:
Model: _____			Model: _____	<i>Check all that apply:</i>
<input type="checkbox"/> Flat top	Painted	Bolt	Tang/Length/Dia _____	<input type="checkbox"/> ADL
<input type="checkbox"/> Basic inlet	<input type="checkbox"/> Black	<input type="checkbox"/> Right	Calibre: _____	<input type="checkbox"/> BDL
<input type="checkbox"/> Full inlet	<input type="checkbox"/> Brown	<input type="checkbox"/> Left	<input type="checkbox"/> Single shot	<input type="checkbox"/> DBM
<input type="checkbox"/> Custom drop-in	<input type="checkbox"/> Grey	<input type="checkbox"/> No bolt	<input type="checkbox"/> Repeater	<input type="checkbox"/> 1pc
<input type="checkbox"/> Installation	<input type="checkbox"/> Olive	Port	<input type="checkbox"/> Blind mag.	<input type="checkbox"/> 2pc
	Moulded in	<input type="checkbox"/> Right	Barrel Contour	<input type="checkbox"/> Ans.
	<input type="checkbox"/> Marble	<input type="checkbox"/> Left	<input type="checkbox"/> Sporter <input type="checkbox"/> Other	<input type="checkbox"/> Mc.
	<input type="checkbox"/> Camo	<input type="checkbox"/> No bolt	<input type="checkbox"/> Mag <input type="checkbox"/> Custom: _____	<input type="checkbox"/> Rem.
	<input type="checkbox"/> Bondo		<input type="checkbox"/> Varmit _____	<input type="checkbox"/> Badger Creek
			<input type="checkbox"/> Target _____	<input type="checkbox"/> Ross
				<input type="checkbox"/> Williams
				<input type="checkbox"/> HS
				<input type="checkbox"/> Other: _____

Accessories:

Anodised Rail	Studs:	Blued	S/S	Loops	Size	Cheekpiece	Pad	L.O.P.
<input type="checkbox"/> Freeland	U.M.					<input type="checkbox"/> Adj. Integral	<input type="checkbox"/> Pres.	<input type="checkbox"/> 13.5"
<input type="checkbox"/> Anschutz	F/M Cups					<input type="checkbox"/> Saddle	<input type="checkbox"/> Dec.	<input type="checkbox"/> Custom
Adaptor	Wichita					<input type="checkbox"/> Thumbwheel	<input type="checkbox"/> Spa Sys.	<input type="checkbox"/> No Pad
<input type="checkbox"/> Freeland	None					<input type="checkbox"/> No C/P	<input type="checkbox"/> 2 Vert.	
<input type="checkbox"/> Anschutz	Special Instructions: _____						<input type="checkbox"/> 3-Way	

Customer Information:

Name: _____	Phone No. _____	Retail
Email: _____	Fax No. _____	Dealer
Shipping Address: _____ _____ _____	Billing Address: _____ _____ _____	Govt.
		Date: _____
		Order taken by: _____

Payment Information: a deposit of 25% is required to secure all orders*

Please send your cheque payable to:	OR	by electronic transfer:
Nexom Pty. Ltd.		BSB: 033 000
P.O. Box 248		Acc: 406 220
Elwood 3184		please include your name as the reference

** a 15% re-stocking fee will apply to all cancelled orders*