**DSA Store**

 **Payroll Deduction Authorization Contract**

One Firearm per deduction form. You can add accessories for the firearm which include, Optics, Sights, Adapter plates and holsters only. There will be no refunds on special orders. Orders must be picked up within 2 months of the order’s completion date or a refund will be submitted. Customer must complete terms agreed upon in this contract.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Phone:** | **Email:** |
| **Model:** **Make:**  | **Serial Number:** | **Gun Cost:** |
| **Accessory 1 Cost:** | **Accessory 2 Cost:** | **Accessory 3 Cost:** |
| **Accessory 4 Cost:** | **Sales Tax:** | **Dros:** |
| **Total Cost:** | **# of Payrolls: 4 PR 6 PR 8 PR** | **Amount Per payroll:** |

I authorize the DSA to deduct the amount listed in the above contract and agree to the terms as listed.

Signature: Date:

Completed by:

Office use only:

|  |  |  |
| --- | --- | --- |
| **PR # Begin:** | **PR # Complete:** |  |
| **Added to order:** | **Arrived in store:** | **Customer Notified:** |