



1700 W Cedar Ave Ste. B - Mitchell, SD 57301  
 800-223-0900 – www.PrecisionReloading.com

# Ballistic Testing Form

## Customer Contact Info:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Hours:**.....8am-5pm CST Mon-Fri  
**Orders/Customer Service:**.....1-800-223-0900  
**Technical Assistance:**.....605-996-9984  
**Fax Number:**.....605-996-9987  
**Website:**.....www.precisionreloading.com  
**Email:**.....sales@precisionreloading.com

## Credit Card Billing Address:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Pricing

- One Shot String is \$40.00
- Two Shots or more is \$25.00 each

Method of Payment	
<input type="checkbox"/> Check or money orders, make payable to Precision Reloading <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span> </div>	
Card #	
Signature: _____	
Exp Date: <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span>	CVV2 Code: <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span>
<small>*Card CVV2 Code – the last 3 digits in the signature strip on back of card. (For AMEX it is the 4 non-raised digits on the front)</small>	

## Shot String Information

HULL:	TYPE:	WAD:
GAUGE:	LENGTH:	WAD-FILLER(S):
CONDITION:	WAD COLUMN SEATING PRESSURES (psi):	
PRIMER:	TYPE SHOT:	WGT(OZ/GRS):      SIZE:
POWDER:	BUFFER:	
GRAINS OF POWDER:	OVERSHOT DEVICE:	
OVERPOWDER DEVICE:	CRIMP TYPE:	

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OVERPOWDER DEVICE:	CRIMP TYPE: