



TRIGGER BLOCK REQUEST FORM

Please fill the form, print and mail with payment to the address below:

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE	
TAURUS MODEL #	
METHOD OF PAYMENT	CHECK :____ VISA:____ MASTERCARD:____
	CREDIT CARD #:
	EXPIRATION DATE:
	AUTHORIZING SIGNATURE:

MAILING ADDRESS

Taurus International
Attn: Customer Service
16175 NW 49 Avenue
Miami, FL 33014