

Ammunition Statement

Complete this statement before placing your first ammunition order. This must be received by mail, fax or email before we can process your requests.

We will keep this on file for future orders.

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____

DATE OF BIRTH: _____

Driver's License State: _____

State ID Number: _____

I am 18 years of age or older (21 years or older for handgun ammunition) and I hereby state that there are no Local, State, or Federal laws that prohibit me from purchasing ammunition.

All purchases will be shipped to the above address unless otherwise requested.

You must submit a photocopy of your identification with this form.

Date: ____/____/____

Signature: _____