

SPECIALIZED ARMAMENT

PO BOX 6310, CHANDLER, AZ 85246-6310 480-940-7397 · FAX 480-940-6323

PARTS ORDER FORM

BILLING INFORMATION

AGENCY/COMPANY	
ATTN:	
ADDRESS	
ADDRESS	
CITY, STATE, ZIP	
PHONE	
FAX	
EMAIL	

SHIPPING INFORMATION (IF DIFFERENT FROM ABOVE)

AGENCY/COMPANY	
ATTN:	
ADDRESS	
ADDRESS	
CITY, STATE, ZIP	
PHONE	
FAX	
EMAIL	

CREDIT CARD INFORMATION

*Card Type: _ - Visa, _ - MasterCard, _ - Discover, _ - American Express

*Cardholder Name _____
Exactly as it appears on the card.

*Credit Card Nr: _____

*Expiry date: __ / __ *CVV: ___

(CVV are the last 3 digits of numbers printed in the signature field on the reverse side of the credit card)

