

SPECIALIZED ARMAMENT

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

Purchasers Name	
Address	
Address	
City, State, Zip	
Phone (daytime)	
e-mail	
Ship to Name Send w/ FFL Copy attached	
Attn:	
Address	
Address	
City, State, Zip	
Phone (daytime)	
Fax	
e-mail	

Model No. _____

Qty. _____

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)

PLEASE PRINT OR TYPE INFORMATION