

Classic Arms, P.O. Box 125, Indian Trail, NC 28079  
Phone (704)684-0650 Fax (704)684-0674

**ORDER FORM**

To facilitate your order, you may download this form, fill it out completely and fax it back to us (email compatible coming soon). Remember, we must have a valid Federal Firearms License on file to ship any firearm.

Purchaser's Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Email Address \_\_\_\_\_

If purchasing ammo, please provide:

Date of Birth \_\_\_\_\_,

Drivers license# \_\_\_\_\_

(List State issued)

I hereby certify that there are no State or Federal laws that prohibit me from purchasing ammunition.

Your Signature \_\_\_\_\_

If you are ordering a firearm through a dealer, please provide the following: By filling out the portion below I certify that I have my dealer's permission to order a firearm through their license.

\_\_\_\_\_ My Dealer's FFL is attached.

\_\_\_\_\_ My Dealer's License is on file with you.

Dealer's Trade Name \_\_\_\_\_ (as it appears on their license).

Dealer's Premise Address (with zip code) \_\_\_\_\_

Dealer's Phone Number \_\_\_\_\_

**I wish to order the following items:**

<b><u>Quantity</u></b>	<b><u>Item #</u></b>	<b><u>Description</u></b>	<b><u>Price</u></b>
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1-

2-

3-

4-

5-

6-

7-

8-

9-

10-

**Method of Payment**

**M/C, Visa, Discover #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**3 Digit verification code from back of card** \_\_\_\_\_

**Name and Billing Address as it appears on the Card** \_\_\_\_\_