



# AMMUNITION STATEMENT - ORDER FORM

*I certify that I am over 21 years of age  
and there are no laws prohibiting me  
from purchasing ammunition.*

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*(Photo copy of drivers license)*

## SHIPPING ADDRESS

STREET \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

DAY-TIME PHONE (      ) \_\_\_\_\_

ITEM ORDERING \_\_\_\_\_ QUANTITY \_\_\_\_\_

VISA / MC # \_\_\_\_\_ EXP. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**140 N. Western, (Rte.31), Carpentersville, IL 60110**

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