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Ammunition Order Form

Date

Name

Dep't / Agency

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number

Email Address

Please Attach a copy of your driver's license along with this form, in order to process your order in a timely fashion.



**If you are faxing this form
Please Paste Your ID Here**

I hereby declare under the penalty of perjury that I am over 21 years of age and there is no state, local or federal laws prohibiting me from purchasing and or receiving ammunition.

Federal Law prohibits the purchase of ammunition by minors, drug addicts, convicted felons, illegal aliens, mentally ill, or those convicted of a misdemeanor crime of domestic violence.

Signature