
Officer Information

Officer Name: (First) _____ (Last) _____
Home Phone # _____ - _____ CellPhone# _____ - _____
Home Address: Street: _____ Number: _____
City/State: _____ Zip/Postal Code: _____
Email address: _____

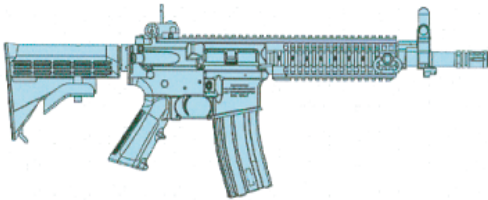
FFL WITH SOT STAMP Information For Transfer & Shipping :

FFL name: _____
FFL Phone: _____
FFL Fax: _____
FFL Street Address: _____
Town/City: _____
State: _____ Zip Code: _____

Payment Information:

Payment Method: Visa Master Card M.O./Cert Check

Name On Credit Card: _____
Credit Card Number: _____ - _____ - _____
EX# ____ / ____
Security Code: _____ Billing Zip Code _____



COLT LE6945 \$1475.00
SHIPPING 25.00
TOTAL \$1500.00

Please send paperwork to: Attn: Individual Officer Program
145 A Philmont Ave
Feasterville, Pa. 19053

OR

Fax PaperWork Attn Individual Officer Program
If faxing paperwork, please call to confirm receipt

For information on this individual officer program please contact:
R.J. Schneider at 1-215-953-8602 or e-mail at RJ@phoenixlawenforcement.com