

Officer Information: _____ **Date of Application:** _____

Officer Name:(First) _____ (Last) _____

Home Phone # _____ - _____ Cell Phone# _____ - _____

Home Address: _____

City/State: _____ Zip/Postal Code: _____

Email address: _____

Department Information or FFL Information for Shipping:

Department or FFL name: _____

Department or FFL Phone: _____

Department or FFL Fax: _____

Department or FFL Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Payment Information:

Payment Method: VISA MASTER CARD M.O./CERTIFIED CHECK (CIRCLE ONE)

Name On Credit Card: _____

Credit Card Number: _____ - _____ - _____

EX# ____/____ Security Code: _____ Billing Zip Code _____

Additional Notes: _____

For information on this individual officer program please contact us at:
215-953-8602 or email sales@phoenixlawenforcement.com

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

Fax Paperwork to: 215-953-1492 Attn: Individual Officer Program
If you are faxing paperwork, please call to confirm receipt

ONE LONG GUN, ONE HANDGUN PER ORDER PER OFFICER, NO EXCEPTIONS