



## Transfer & Confirmation Form

Order Number

Date

### Dealer Information (FFL licensee who will receive the firearm(s) for the buyer)

Licensee Name

Address

City

State

Zip Code

Contact

Phone No.

Email / Fax Number

### Purchaser Information (The person who is purchasing the firearm(s))

Purchaser Name

Address

City

State

Zip Code

Phone No.

Email

### Firearm(s)

SKU/Part Number

Manufacturer

Model/Type

Caliber/Gauge

SKU/Part Number	Manufacturer	Model/Type	Caliber/Gauge

By signing below, I agree that all the information provided is correct and that I have read, understood and agree to the terms of the Elite Arms and Supply Policy located at [www.elitearmsandsupply.com](http://www.elitearmsandsupply.com) .

Purchaser Signature

Date