

## **Trinity Arms Ammunition Statement**

1. Complete this statement before placing your first ammunition order. This must be received by mail, fax or email before we can process your requests. We will keep this on file for future ammo orders.

2.

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Driver's License/State ID #:**  
**State:** \_\_\_\_\_ **Number:** \_\_\_\_\_

I am 18 years of age or older (21 years or older for handgun ammunition) and I hereby state that there are no Local, State, or Federal laws that prohibit me from purchasing ammunition.

All purchases will be shipped to the above address unless otherwise requested. Please submit a photocopy of your identification with this form.

**Signature:** \_\_\_\_\_