

**BVAC, Inc**  
**5348 Florence Carlton Loop 3**  
**Florence, MT 59833**  
**(406)273-9150**

**Ammunition Order Statement**

Please mail us a LEGIBLE copy of I.D. (with date of birth on it) and an original signed copy of this statement.

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

“I certify that I am at least 21 years of age and that there are no Federal, State or local laws that prohibits me from purchasing ammunition.”

\_\_\_\_\_ Signature

In order to give you law enforcement pricing, we will also need a copy of your department ID card. You may fax this signed statement to 406-273-9180 along with your order form and photo copy of your ID. You may also email us a copy of this signed form by scanning it through your computer to [orders@bvac-ammo.com](mailto:orders@bvac-ammo.com)