

Form Version:

# GLOCKS 4 GRADS ORDER FORM



## Billing Summary

### Payment Summary

Credit Card Type

☐

VISA

☐

MASTERCARD

☐

DISCOVER

☐

AMEX (15 digits)

### Credit Card Number

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### Expiration Date

(MM & YY)

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### Security Code

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Card Holder's Name

Date

Enter verification information - Next page

Order Number:

Serial Number:

Owner Name:

Email:

## Billing Information

Card Holder's Name

Billing

Address

City

State

Zip

Phone

FFL State

(For Sales tax purposes)

Reserved

## Order Summary

GLOCK Model		Model number	
Base Price	9mm, .40 cal, .357 cal		
	10mm, .45 ACP		
Base Price (cont.)	G42 (.380 Auto)		
	G43 (9mm single stack)		
Sights	Standard Fixed sights		
	GLOCK Night Sights		
Engraving	Total # engraving locations		
ACCESSORIES	Qty	Type	Price
SUBTOTAL (gun/GNS/Engr only)		Subject to Service Charge	
Category	Active Duty Mil / Law		
	Reserve / Retired		
Shipping/Handling			
TAXABLE SUBTOTAL		(Subtotal, Accessories, Service chg, S&H)	
Sales Tax	State	Rate	State
			Rate
		All other states 0%	
TOTAL			

Form Version:

Reserved



## **GLOCKs-4-Grads Program**

### **LE / Military Purchase Program**

#### **Eligibility / Credentials Verification Form**

**PURCHASER:** \_\_\_\_\_

**NAME OF ELIGIBLE PERSON:** \_\_\_\_\_

**AGENCY / BRANCH:** \_\_\_\_\_ **POSITION / RANK:** \_\_\_\_\_

Email a copy or scan front (only) of Military / LE ID with this order form.

(Must show valid Military /LE ID for either purchaser or gift recipient)

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

**PHONE #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*By submitting the above information I electronically certify that I am eligible to participate in the GLOCKs-4-GRADS LE / Military program*

**Typed / Electronic Signature:** \_\_\_\_\_

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(To be completed by G4G)

**Order #:** \_\_\_\_\_

**Date Verified:** \_\_\_\_\_

**Comments (as necessary):**