

GLOCKS 4 GRADS ORDER FORM



Billing Summary

Payment Summary

Credit Card Type VISA MASTERCARD DISCOVER AMEX (15 digits)

Expiration Date

(MM & YY)

Security Code

Credit Card Number

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Card Holder's Name _____ Date _____

Enter eligibility 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)

Every gun owner faces 2 major consequences:

- Criminal prosecution
- Civil litigation

Understand the potential consequences of defending your home, protecting your family or protecting yourself.

See our website for special Military and LE pricing:

www.AfterYouShoot.com

NOTES:

Order Summary

GLOCK MODEL ORDERED

Base Price	9mm, .40 cal, .357 cal	
	10mm, .45 ACP	
	G19X (9mm)	
	G17/19 MOS, G34, G35, G41	
	9mm single stack-G43,G43X,G48	

Factory Sights	Standard Fixed sights	
	GLOCK Night sights	
	AmeriGlo sights	

Engraving _____ Total # engraving locations _____

SUBTOTAL _____

ACCESSORIES	Qty	Type	Price

Category	Active Duty Mil / Law	
	Reserve / Retired	

Shipping/Handling _____

TAXABLE SUBTOTAL (Subtotal, Accessories, S&H) _____

Sales Tax	State	Rate	State	Rate
			All other States	0%

TOTAL _____

NOTES:



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.

Please cover the bar code / QR code on ID when copying.

(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: _____

(To be completed by G4G)

Order #: _____

Date Verified: _____

Comments (as necessary):