

# GUNS DIRECT

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Dear Valued Customer,

This form has been created in order to allow you to have Guns Direct charge a deposit to your credit card for the special order of your request. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

Make/Model of Firearm: \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

## CARDHOLDER INFORMATION

Name as it appears on the credit card: \_\_\_\_\_

Card type: ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Account type: ☐ Individual (Personal Credit Card)

☐ Corporate | Company Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ EXP Date: \_\_\_\_\_

Three Digit Code/ Four (AMEX) : \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License/I.D Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_ EXP Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

If same as billing, please check box: ☐

I certify that all information is complete and accurate. I hereby authorize Guns Direct to collect payment for the deposit as indicated in the section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Credit Card Holder (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_