



MADISON GUNS & AMMO FIREARMS TRANSFER FORM

Customer must complete this form in full and pay a \$45 fee to enact transfer.

CUSTOMER NAME: _____

CUSTOMER TELEPHONE: _____

ADDRESS (City, State, Zip) _____

DESCRIPTION OF FIREARM: _____

TRANSFERRING PARTY: _____

CONTACT NAME: _____

TELEPHONE: _____

FAX NUMBER: _____

I hereby authorize Madison Guns & Ammo to contact the transferring company or individual on my behalf to enact the transfer noted above. Madison Guns & Ammo is not responsible for shipment or the condition of the firearm when it arrives.

Madison Guns & Ammo will contact me at the telephone number listed above within 2 business days of the receipt of the firearm.

SIGNATURE OF CUSTOMER: _____

TODAY'S DATE: _____