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423.305.0747 423.305.0757 (fax)
www.theshootersdepot.com

FIREARM TRANSFER FORM

Customer must complete this form in full and pay a \$40 fee to initiate transfer.

CUSTOMER NAME: _____

CUSTOMER TELEPHONE: _____

ADDRESS (City, State, Zip) _____

DESCRIPTION OF FIREARM: _____

TRANSFERRING PARTY: _____

CONTACT NAME: _____

TELEPHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

I hereby authorize Shooter's Depot to contact the transferring company or individual on my behalf to enact the transfer noted above. Shooter's Depot is not responsible for shipment or the condition of the firearm when it arrives.

Shooter's Depot 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: