

ORDER FORM FOR:

Reflector I.D. Pouch with Legally Armed Embroidered insert

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel. # in case question: _____

E-Mail to advise shipping: _____

What CCW License or Permit do you currently have (primary):

**I would like to order _____ Reflector I.D. Pouch with LA insert
@ \$ 18.00 each = \$ _____ + \$ 3.00 shipping = \$ _____**

Please make payable and send to:

**LegallyArmed.com
P.O. Box 11543
Murfreesboro, TN 37129-0031**

Questions regarding this product or order, send to:

patch@legallyarmed.com