

Crosshairs Shipping Form

Transferor/Owner				
Name:				
Address:				<u></u>
Phone Number:				
Email:				
Transferee/Recipient				
Name:				
Address:				
Phone Number:				
Email:				
Receiving Gun Store				
Name:				
Address:				
Phone Number:				
Email:				
Firearm Information				
Handgun	Rifle/Shotgun	le/Shotgun Other (Receiver/Frame)		
Number of Firearms to be Shipped:				
Make:	Model:	Caliber:	Serial:	
Make:	Model:	Caliber:	Serial:	
Make:	Model:	Caliber:	Serial:	
Crosshairs Internal Use Only				
-FFL Contacted	-FFL Received	-Firearms II	ı	Firearms Out
Carrier: Tr	acking:	Pickup: Est. Del:		

Crosshairs Gun Store
3902 Pacific Coast Hwy, Ste D
Torrance, CA 90505
Tuesday-Saturday, 11:00am-6:00pm PST
1 (866) 927-4668 / admin@crosshairsgunstore.com