Bulletproof Vest Order Form

Date

Customer/Account Information

First Name

Middle Name

Last Name

Street Address

Street Address line 2

City/Municipal

Mobile Number

Phone Number

Email Address

Shipping Address (if different from above)

Contact Name

Street Address

Street Address Line 2

City/Municipal

Order Information

Item

Bulletproof Vest Model

Bulletproof Vest Type

Bulletproof Level

Bulletproof Size Quantity

Small

Medium

Large

Other Item

Hard Armor Plate

Hard Armor Plate Quantity

I have read and understand the Terms and Conditions via the website of Valyrian Armoring (www.valyrianarmoring.com/terms)

ID Number

ID Provided