



Agency & Government Order Form

For Law Enforcement, Military, and Government Purchases

Agency Information

Agency Name	
Division/Unit	
Agency Address	
City, State, ZIP	
Phone	
Website	

Authorized Purchaser

Full Name	
Title/Rank	
Agency Email	
Phone	

Order Details

Order Type	
Product Description	
Estimated Quantity	

Requested Delivery Date	
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Customization

Includes Customization (Yes/No)	
Customization Details	

Payment & Billing

Payment Method	
PO Number	
Billing Address	

Shipping Information

Recipient Name	
Shipping Address	
City, State, ZIP	
Receiving Phone	

Certification & Agreement

I certify that I am an authorized representative of the listed agency and that all information provided is accurate. I agree to CE Concepts' Agency Sales Terms, Shipping Policy, and Refund Policy.

Digital Signature	_____	Date	_____
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