

Merchandise Request Form

Date: MM/DD/YY

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone: _____ Pack _____ Troop _____ Crew _____ Post _____ Unit # _____

Email Address: _____

PLEASE be very specific. Only items listed on this request form will be shipped.

Item #	Description	Quantity	Unit Cost	Total Cost

Grand Total:

Payment Method

Unit Charge Signature: _____

I am authorized by the Unit committee to charge against the unit account.

Check (make checks payable to BSA)

Credit Card VISA MasterCard Discover

Card Number _____ Exp Date _____/_____/_____ CVV _____

3 digit code on back of card

Name on Credit Card: _____

Signature of Cardholder: _____

Delivery Option Pickup at Office

Ship to Above Address

By clicking this box you are approving shipping charges.
Please contact the Service Center for pricing.