Merchandise Request Form

Date: MM/DD/YY

Name: _____

Address: _____

City: _____ State: TX 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
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			Grand Total:	$ 0.00

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.