GREAT TRAIL COUNCIL SCOUT SHOP
FAX ORDER 1-330-773-4084

From

Name: _____
(First) (M.I.) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: ( ) _____ e-mail: _____

VISA / Mastercard / Discover / **Store Acct. (please circle one)

Exp.Date: _____ Acct.#: _____

* Will pick-up on: _____ Approx.Time: _____
(date)

Item #	Description	Quantity	Item Price	Total Price

Unit # _____ Item Total $ _____

Tax Exempt # _____ 6.25% Sales Tax $ _____

Shipping & Handling (take 10% of Item Total, $2 minimum) $ _____

Total Due $ _____

* Orders will be automatically shipped if not picked-up within 7 days of fax date.

** Authorized persons may charge sale to unit account. Please sign on Acct.# line for approval and note Unit # on line above.