

GREAT TRAIL COUNCIL SCOUT SHOP

FAX ORDER 1-330-773-4084

1601 S. Main St. Akron, OH 44301

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: _____

(date)

Approx.Time: _____

Item #	Description	Quantity	Item Price	Total Price

Unit # _____

Item Total \$ _____

Tax Exempt # _____

6.5% Sales Tax \$ _____

Shipping & Handling (depending on size & weight of package) \$ _____

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.