



BOY SCOUTS OF AMERICA

VISA OR MASTERCARD CHARGE INVOICE FOR DUPLICATES

Fax: (972) 580-7894

Date: _____ Telephone: Home: _____

Office: _____

*Cardholder Name: _____

Cardholder Address: _____

City/State/Zip Code: _____

*Visa/Mastercard Number: _____

*Expiration Date: _____
(Month/Year)

Please Check the Appropriate Box(es):

- Overnight Mail - \$15.00 Pocket Card - \$5.00 Eagle Packet - \$11.00
- Wall Certificate - \$3.00 Letter - \$3.00

Total Charge Amount: _____

Charge Approval By: Phone: _____ Signature: _____

*Name of Eagle Scout(s): _____

*Personal Identification Number (PID): _____

*Birth Date: _____

*Eagle Scout Award Date: _____

*Date Needed: _____

*Council Name: _____ *Council No.: _____

*Send information/materials to:

Cardholder Other Address

Overnight requests received after 12:00 PM CST will be processed the next business day.

National Office Use Only

Authorization Code: _____ Account # 67001-2350 Amount: _____

Date Processed: _____

Per: _____ Account # 72451-2350 Amount: _____

*** Information that must be given in order to process request.**