



BOY SCOUTS OF AMERICA

VISA OR MASTERCARD CHARGE INVOICE FOR NEW EAGLES

(Special Handling and Overnight Eagles Only)

Fax: (972) 580-7894

*Date: _____ *Telephone: Home: _____

Office: _____

*Cardholder Name: _____

Cardholder Address: _____

City/State/Zip Code: _____

*Visa/Mastercard Number: _____

*Expiration Date: _____
(Month/Year)

Charge Amount: **\$40.00**

Charge Approval By: Phone: _____ Signature: _____
(Only if in person)

*Name of Eagle Scout: _____

*Personal Identification Number (PID): _____

*Birth Date: _____

*Eagle Scout Award Date: _____

*Council Name: _____ *Council No.: _____

Date Electronically Sent: _____ **OR** Date Application Mailed: _____

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.**