



PRODUCT PROGRAM COLLECTION REQUEST

Information:

Troop #: _____

Product Sales Manager: _____

Name on Check: _____

Check Address: _____

City: _____ State: _____ Zip Code: _____

Amount on Check: _____ Check #: _____

Check Date: _____ Phone # _____

Fees charged by Bank: _____

Other Info. (e.g. Driver's License #): _____

Please describe any action taken to collect on this check.

Attention:

***Please MAIL this form, along with "Legal Copy" of the check from your bank, to:
2300 Ball Drive St. Louis MO 63146 Attn: Accounting.***

Signature

Title

Phone Number

Date

