

TRADING POST AUTHORIZATION FORM

Customer # \_\_\_\_\_

\*\*Please complete this form and remit with your recharter. This form allows certain leaders in your unit to charge against the money deposited into your unit's trading post account or to make inquiries regarding the account. Any person absent from this list will not be allowed to receive printed inquires or charge against your account.\*\*

Please Print Legibly

Complete all that apply:

Pack # \_\_\_\_\_  
Troop # \_\_\_\_\_  
Team # \_\_\_\_\_  
Crew # \_\_\_\_\_  
Post # \_\_\_\_\_

Your Unit's Committee Chairperson is:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

Your Unit's Advancement Chairperson is:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

Your Unit's Treasurer is:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

Authorized Purchaser(s):

(This information is entered under your unit's account number for the Trading Post and is referred to for each purchase.)

Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Name \_\_\_\_\_ Tel.# \_\_\_\_\_  
Name \_\_\_\_\_ Tel.# \_\_\_\_\_

If this form is not returned and completed we will assume that this is an open account and that anyone from your unit can charge against your account.

If you have questions regarding this form please contact the  
Central Wyoming Council Trading Post