

Excess Cookie Responsibility Form

AS CAREGIVER, I AGREE TO THE FOLLOWING:

I will be financially responsible for all cookies and will provide a credit card number that will be charged if I don't deposit 100% of the amount due to the council into an approved council deposit account within one week after the final cookie sale date.

I understand the council will keep this form in a secure location and the credit card information listed below will be destroyed after payment in full has been made. I must make a deposit every time I pick up more cookies and can never owe for more than 10 cases valued at \$720.

Please use ink and print clearly.

Caregiver Name _____

Girl Scout Name _____

Caregiver Address _____

City _____ State _____ Zip Code _____

Parent Phone (H) _____ (Cell) _____ (W) _____

Caregiver Email _____

Preferred cookie cupboard location _____

Type of Credit Card (Choose One) Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ (MO/YEAR) CVC Code (3-digits) _____

Caregiver Signature _____ Date _____