

Excess Cookie Responsibility Form

AS CAREGIVER, I AGREE TO THE FOLLOWING:

I will be financially responsible for all cookies, providing 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 or give it to my troop leadership team, within one week after the final cookie program date.

I understand the council or troop leadership 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 15 cases valued at \$900.

Please use ink and print clearly.

Caregiver Name _____

Girl Scout Name _____

Additional Girl Scout Names, if applicable _____

Caregiver Contact Information:

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Credit Card Number _____

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

Caregiver Signature _____ Date _____