

T-5

DELINQUENT PRODUCT SALE FORM



Service Unit Name and Number: _____

Troop Number: _____

Product: Cookies Nuts, Candy, Magazines Other: _____

COMPLETE ALL INFORMATION BELOW:

Money owed by: _____

Address: _____

City: _____

Zip: _____

Place of Employment: _____

Address: _____

City: _____

Zip: _____

Day Phone Number: _____

Evening Phone Number: _____

Products Sold by: _____

AMOUNT DUE \$ _____

AMOUNT RECEIVED \$ _____

BALANCE DUE \$ _____

FOR OFFICE USE ONLY	
PAYMENT RECEIVED:	
AMOUNT: _____	DATE: _____
AMOUNT: _____	DATE: _____
1ST DELINQUENCY LETTER:	
2ND DELINQUENCY LETTER:	
TO COLLECTIONS:	

What has been done to collect the money?

Troop Product Manager: _____

Phone: _____

Date: _____

Address: _____

Zip: _____

SU Product Manager: _____

Phone: _____

Date: _____

Address: _____

Zip: _____