



Date Recorded: _____ Initials: _____
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### Unit Account Authorization

1. Check appropriate:  
 Pack  Troop \_\_\_\_\_  
 Post  Crew \_\_\_\_\_ (Unit number)
2. Committee Chairman:  
 (Last name, First name) \_\_\_\_\_
3. Signature \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Apt # / Other information \_\_\_\_\_
6. City: \_\_\_\_\_
7. State and Zip Code \_\_\_\_\_
8. Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
9. Email \_\_\_\_\_
10. Taxable  Yes  No **(Include MI Cert if exempt)**

**For authorized individuals- write down three (3) people the Unit wants to have accessing the account (This includes Committee chairman as well.).This information will replace any previous information on file.**

11. Authorized Individual: \_\_\_\_\_
12. Authorized Individual: \_\_\_\_\_
13. Authorized Individual: \_\_\_\_\_

**If you have any questions, contact the Tall Pine Scout Shop: Phone (810) 237-6461  
Email: [Marreed@bsamail.org](mailto:Marreed@bsamail.org)**

**If your unit is exempt from sales tax, we must have an exemption form on file.**