

Delinquent Cookie Program Payment Form

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Please complete this form when an individual cannot or will not pay for ordered/received cookies.

Troop # _____ Level _____ Service Unit _____

Troop Leader _____ Home Phone _____

Cell Phone _____

Troop Cookie Chair _____ Home Phone _____

Cell Phone _____

Girl Scout's Name _____ Home Phone _____

Parent/Guardian _____ Cell Phone _____

Address _____ City/Zip _____

Signed Product Program Permission/Financial Responsibility Form? Yes No

Number of cookie boxes received (boxes x \$5) _____ boxes x \$5 = _____ +

Number of specialty cookie boxes received (boxes x \$5) _____ boxes x \$5 = _____ =

Total Amount Due \$ _____

Less Any Money Submitted - \$ _____

Less Troop Proceeds - \$ _____ =

Total Money Delinquent \$ _____

Please attach the following documentation:

- Girl Scout's signed Product Program Permission/Financial Responsibility Form
- Girl Scout's Order Card or Printed Order from eBudde™.
- Receipt(s) for any money received.

(Please continue to the next page to complete the documentation.)

Delinquent Cookie Program Payment Form

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CONTACT DOCUMENTATION

If the situation is not resolved after two contacts, complete this form and email with the other required documents to customercare@girlscoutsni.org. For questions contact the GSNI Finance Department at 844-476-4463.

Troop # _____ Name of Girl Scout _____

Parents'/Guardians' Names: _____

First Contact Attempt – Date/Time _____

Phone _____ Person Contacted _____

Result of Conversation _____

Signed _____

(Troop Leader/Cookie Chair)

Second Contact Attempt -- Date/Time _____

Phone _____ Person Contacted _____

Result of Conversation _____

Signed _____

(Troop Leader/Cookie Chair)

Additional Notes or Information _____
