THE SALVATION ARMY **TRADECENTRAL**
USA CENTRAL TERRITORY

GENERAL ORDER FORM

Corps/DHQ/Institution: _____ Today's date: _____

Attention: _____ Phone: _____ ☐ **To be shipped** ☐ **Pick up**

Item	Size	Stock #	Qty.	Unit Price	Total

Ship to attention:	Subtotal	
Street address:	Tax	
City:	Shipping & handling	
State: Zip:	**Grand total**	

PAYMENT INFORMATION *(please fill out completely):*

☐ My check or money order is enclosed ☐ Bill my SA acct: # _____

Bill my: ☐Visa ☐MasterCard ☐Discover Amount to be charged: ☐**FULL AMOUNT** ☐**¼ PORTION**

Account #: _____ Exp. date: _____

Name on credit card *(please print clearly)* _____

Signature: _____

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E-mail: usorders@usc.salvationarmy.org