



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** ☐ **1/4 PORTION**

Account #: _____ Exp. date: _____

Name on credit card (please print clearly) _____

Signature: _____

The Salvation Army Trade Central
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E-mail: usorders@usc.salvationarmy.org