



Region: _____

Coordinator Name: _____

Juliette Name: _____

Program Name: _____

Fall/Cookies

Date

Product Sales Juliette Swiper Checkout Form

I _____ understand that by signing this form I am checking out
Juliette Product Coordinator Name

a card swiper and that I am now responsible for it. Therefore, I must ensure that it is handled responsibly and in working order when the swiper is returned. I, also, understand that this swiper must be returned to the authorized Product Sales team member at the end of each Product Sale during Paper Push. If not, I will be held financially responsible for the swiper and charged \$50 to replace it.

Juliette Product Coordinator Signature

Date

Authorized Product Sales Team Member Signature

Date

Swiper Return

I understand that I must sign this form in front of the authorized Product Sales team member when returning the swiper.

Date: _____

Juliette Product Coordinator Signature: _____

Authorized Product Sales Team Member Signature: _____

*Turn this form into the Regional Manager when you pick up the swiper and sign it when you turn in the swiper to avoid a penalty charge from council.