



Fresh. Food. Ideas.

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Please refer to the Program Information Letter for details regarding the program.

SCRIP PROGRAM ENROLLMENT FORM

Organization:

Date: _____

Name: _____

Address: _____

Telephone #: () _____ Fax #: () _____

Tax ID Number: _____

Please include a copy of your 501c(3) tax-exempt status Determination Letter

School Affiliated with (if applicable):

Name: _____

Address: _____

Name and signature of appropriate authority at sponsoring school (not required for reorders):

Name: _____

Signature: _____

Mailing Address for Donation Check (if different from above):

Address: _____

Primary Contact

Name: _____

Email Address: _____

Telephone #: () _____ Fax #: () _____

Signature: _____

For Internal Use

Approved By: _____ Date Approved _____

Vendor #: _____ Store # _____