

NAF Retail Point of Sale System

**Special Orders**

<b>Last Name:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>
<b>Last Name:</b>	<input type="text"/>
<b>First Name:</b>	<input type="text"/>
<b>Address 1:</b>	<input type="text"/>
<b>Address 2:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>Zip Code:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Expiration Date:</b>	<input type="text" value="YYYYMMDD"/>
<b>Branch of Service:</b>	<input type="text"/>
<b>Rank/Grade:</b>	<input type="text"/>
<b>Mobile Phone:</b>	<input type="text"/>
<b>Notes:</b>	<input type="text"/>

**Rain Checks**

<b>Phone Number:</b>	<input type="text"/>
<b>Last Name:</b>	<input type="text"/>
<b>First Name:</b>	<input type="text"/>
<b>Address 1:</b>	<input type="text"/>
<b>Address 2:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>Zip Code:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Expiration Date:</b>	<input type="text" value="YYYYMMDD"/>
<b>Branch of Service:</b>	<input type="text"/>
<b>Rank/Grade:</b>	<input type="text"/>
<b>Mobile Phone:</b>	<input type="text"/>
<b>Notes:</b>	<input type="text"/>

**Send Sales**

TELEPHONE:	( ) -
LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
COUNTRY:	US
ADDRESS 1:	
ADDRESS 2:	
CITY:	
STATE:	
ZIP CODE:	
SEND TAG:	

**Returns/Exchanges**

Phone Number:	
Last Name:	
First Name:	
Address 1:	
Address 2:	
City:	
State:	Zip Code:
Email Address:	
Expiration Date:	YYYYMMDD
Branch of Service:	
Rank/Grade:	Mobile Phone:
Notes:	

**Check Cashing**

Routing Number:	
Account Number:	
Check Number:	
Customer ID:	

**Check Tendering**

Routing Number:	
Account Number:	
Check Number:	
Customer ID:	

## Recruit Tenders

Platoon #:

Last 4 SSN:

Last Name:

First Name: