

NAF Retail Point of Sale System

Special Orders

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

Rain Checks

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