



Girl Scouts of Southeastern Michigan

# Agreement to Assume Debt for Product Programs–Juliettes

The purpose of this form is to clearly spell out the financial and procedural requirements for the parent/guardian assisting the Juliette Girl Scout with her product programs, specifically, the person responsible for fulfilling all requirements and obligations of the product program for the Juliette Girl Scout.

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Cell \_\_\_\_\_

Please indicate which product program you are completing this form for (mark all that apply):

\_\_\_\_\_ 2024 Fall Product Program

\_\_\_\_\_ 2025 Cookie Program

Please select the service center your Juliettes Fall/ Cookie rewards should be sent to (please select one):

- Clinton Twp Service Center, 42800 Garfield Rd Clinton Twp, MI 48038
- Detroit Service Center, 1333 Brewery Park Blvd, Suite 500, Detroit, MI 48207
- Flint Service Center, Gateway Centre, 5400 Gateway Centre Dr, Suite B, Flint, MI 48507
- Port Huron Service Center, Birchwood Mall, 4350 24th Ave, Space 518, Fort Gratiot, MI 48059
- Southgate Service Center, 1 Heritage Place, Suite 140, Southgate, MI 48195
- White Lake Service Center, 8545 Highland Rd, White Lake, MI 48386

## Obligation for Debt:

I understand that I am taking responsibility for all product program monies owed to GSSEM.

(Initial) \_\_\_\_\_

I understand that all funds must be accounted for. (Initial) \_\_\_\_\_

I understand that GSSEM may pursue collections and criminal charges against me if funds are not

accounted for. (Initial) \_\_\_\_\_

I understand that all money collected from product sale programs belongs to Girl Scouts of Southeastern Michigan, and I may not personally use these funds for any reason. (Initial) \_\_\_\_\_

## Responsibility for following product program procedures:

I understand that I am responsible for picking up product and delivering to customers promptly.

(Initial) \_\_\_\_\_

I understand that I am responsible to know the balance owed to GSSEM for my Juliette Girl Scout on an on-going basis. My balance can be obtained from the GSSEM finance department. (Initial) \_\_\_\_\_

I understand that Juliette's will earn credits based on the ranges, not dollar for dollar. (initial) \_\_\_\_\_

I understand that Juliette's cannot earn tiered proceeds, or opt out of rewards for additional proceeds. (Initial) \_\_\_\_\_

I understand that the M2oS and eBudde Sales report is not for Juliette use, and will not provide an accurate balance due. I should contact [gssem-finance@gssem.org](mailto:gssem-finance@gssem.org) for any questions regarding amount owed, and credits earned. (Initial) \_\_\_\_\_

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Signature – Parent/Guardian Date