SPECIAL ORDER FORM Date: Taken By: **CUSTOMER INFORMATION** Name: _____ Owner #: _____ Phone #: _____ PRODUCT INFORMATION Supplier: _____ Brand: _____ Product Name: _____ SKU/UPC/PLU: Quantity: Add'l Info: STORE USE Date Ordered: Initials: Reordered if OOS: _____ Initials: Is the product on sale? Sale Price:_____ Date Received: Initials: Date Customer Called: _____ Initials: Initials: *(2nd attempt if OOS): Location of Product: Shelf in receiving Freezer Walk-in Cooler

_____ Apply 10% discount

Owner Signature