



BOULEVARD PARK THRIFTWAY

Customer Special Request

Customer: Please fill out the box below and return it to the store.

Customer Name: _____	Phone: _____
Date Ordered: _____	Date to Pick Up: _____
Item you would like us to special order:	

Item you would like us to carry as an everyday product:	

Request Received By: _____

Request Submitted To: _____

Date Product Ordered: _____

Date Product Received: _____

Location of Product for Customer Pickup: _____

Date customer was called for pickup:

First Call: _____

Second Call: _____

Third Call: _____

Special AD PRICING and/or DISCOUNT customer is to receive:
