



## Customer Special Order Form

Customer name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date ordered: \_\_\_\_\_ Date to pick up: \_\_\_\_\_

Item you would like us to special order:

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

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CUSTOMER – PLEASE FILL OUT THE BOXED PORTION AND RETURN TO OUR CUSTOMER SERVICE CENTER

Order taken by: \_\_\_\_\_

Department Manager special order request given to: \_\_\_\_\_

Date product ordered: \_\_\_\_\_

Date product received: \_\_\_\_\_

Date customer was called for pickup: **1<sup>st</sup> Call:** \_\_\_\_\_

**2<sup>nd</sup> Call:** \_\_\_\_\_

**3<sup>rd</sup> Call:** \_\_\_\_\_

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

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Location of product for customer pickup: \_\_\_\_\_