



Stocking Request Form

Date: Customer Account #:

Requested By:

Product Manufacturer:

Product #	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Monthly Usage
<input type="text"/>
<input type="text"/>
<input type="text"/>

Unit of Measure
<input type="text"/>
<input type="text"/>
<input type="text"/>

Will product replace a currently purchased SSS product? Yes / No

If yes, which product?

SSS Item Number	Description	Completed By SSS
		Stock Qty. Customer needs to Use.
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

SSS agrees to stock the above product(s) according to the accounts estimated monthly usage. Requesting account agrees to use product brought into stock for them and will notify SSS in advance when they will discontinue using product.

Agreed By:

Date:

Initial P.O. Number:

--- For SSS Internal Use Only ---

Date product ordered:	<input type="text"/>	P.O. Number:	<input type="text"/>
Date product received:	<input type="text"/>	SSS Stock #:	<input type="text"/>
Date customer notified:	<input type="text"/>	Sales Rep.:	<input type="text"/>