

Stock Request Form

CUSTOMER INFO

Date: _____ Customer Account Number: _____

Requested by: _____

PRODUCT INFO

Product Manufacturer: _____

Product # _____ Description: _____

Product # _____ Description: _____

Product # _____ Description: _____

Monthly Usage: _____ Unit of Measure: _____

Monthly Usage: _____ Unit of Measure: _____

Monthly Usage: _____ Unit of Measure: _____

Will product replace a currently purchased SSS product? Yes No

If yes, which product?

		COMPLETED BY SSS
		Stock qty. customer needs to use
Product # _____	Description: _____	
Product # _____	Description: _____	
Product # _____	Description: _____	

Shared Service Systems (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 the product.

Agreed by: _____ Date: _____

Initial P.O. Number: _____

FOR SSS INTERNAL USE ONLY

Date product ordered: _____ P.O. Number: _____

Date product received: _____ SSS Stock #: _____

Date customer notified: _____ Sales Rep. _____

Phone (402) 536-5303

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