

SPECIAL REQUEST FORM

NEW PRODUCT CODE ADD REQUEST



1) PRODUCT NAME OR DESCRIPTION

2) PRODUCT PRICE TYPE (Category)

BRANCH

BY

3a) VENDOR NAME

3b) VENDOR PART/ITEM NUMBER

IF VENDOR IS NEW: 3c) CONTACT NAME FOR VENDOR

3d) CONTACT PHONE NUMBER

3e) CONTACT EMAIL ADDRESS (If available)

3f) VENDOR LOGISTICS (ex: Pre-Paid, LTL, Truckload, etc)

3g) ORDER MINIMUMS

4) PACKAGING

4a) PALLET QUANTITY

4b) PRODUCT WEIGHT

4c) BOUGHT AS (ex: Pallet, Case, Item, etc)

4d) SOLD AS (ex: Pallet, Case, Item, etc)

6a) PRODUCT COST

6b) ANTICIPATED PRODUCT MARGIN

7) ARP LOCATION

8a) OAN or STOCK (CHOOSE ONE)

OAN

☐

OR

STOCK

☐

8b) IF STOCK, HOW MANY REQUESTED AT YOUR BRANCH?

AND

8c) IF STOCK, HOW MANY EXPECTED TO SELL IMMEDIATELY?

Please send completed form to gkeim@masco.net
Or, fax to Portland Branch, ATTN: Greg Keim (503) 234-5606

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