

RETAIL MARGIN FORM

Please use this form to set or change retails - Return to I.T. department

Salesperson: _____ **DATE:** _____

Customer Name: _____

Customer Number: _____

Notes: _____

CLASS	MARGIN %
300 CANDY	
100 NYS CIGS	
1900 GENRL MERCH	
150 NYC CIGS	
125 CT CIGS	
110 NJ CIGS	
116 RI CIGS	
131 MA CIGS	
140 PA CIGS	
1100 FILM BATTERY	

CLASS	MARGIN %
1700 CIGARS	
1500 TOBACCO	
1950 PHONE CARDS	
700 BULK	
1300 BEVERAGES	
500 GROCERY	
550 FOOD SERVICES	
350 SNACKS	
1930 DISPENSE BEV	
1970 AUTOMOTIVE	

Entered By: _____

Date Entered: _____