

MANUFACTURER REQUEST FORM

This form is to be used when a customer requests a visit from a manufacturer

Account Information

Account # _____ HLA Sales Rep _____

Cust. Name _____

Address _____

City, State _____

Phone # _____

Contact _____

Requested delivery date _____

MANUFACTURER

____ Lorrillard

____ RJ Reynolds

____ Philip Morris

*If requesting a cigarette manufacturer, please indicate the approx. # of cartons sold each week _____

Reason for Request

Date of Request _____

PLEASE COMPLETE AND FAX TO ANNETTE AT 631-962-0589