



NEW STORE FLOOR PLAN LAYOUT

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Date: _____

CUSTOMER NAME	SERVICE DAY EACH WEEK	<input type="checkbox"/> TELESERVICE	<input type="checkbox"/> HOUSE
ADDRESS	ORDER SHIPPING <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> To SCHEDULE		
Submitted By:	Temporary Customer Number:		
CONTACT	MERCHANDISER/AREA:	ROUTING CYCLE	
Auto Distribution <input type="checkbox"/> SEASONAL <input type="checkbox"/> MONEY WALLETS <input type="checkbox"/> VALUE PACKS	CREDIT AND REBILL <input type="checkbox"/> Yes <input type="checkbox"/> No		

↓ **OUTLINE PROPOSED CARD SETUP** ↓

4'	Inline Display								
Back to Back Island Display									
3' end									3' end
Spinner			Spinner			Spinner			
								"L" Shape Display	

Revised: 06-28-2024

**INTERNAL OFFICE
USE ONLY**

RECAP # _____

PROCESS DATE: _____

SHIP DATE: _____

STAB DATE: _____

SETUP DATE: _____