



Requested Change to Accounts

Date: _____
 Cust # _____
 Cust Name _____
 Address _____

Pricing

Ann Store Volume: _____

Reason for Change: _____

	Existing	Proposed	Effective Date	Approved By *	Denied By *
\$1 Retail Product					
\$2 Retail Product					
\$3 Retail Product					
Item Numbers*					

**pls list item #'s if the pricing change involves anything other than \$1 or \$2 Retail product*

	Existing	Proposed	Effective Date	Approved By	Denied By
Terms					
\$1 Retail Product					
\$2 Retail Product					
\$3 Retail Product					

	Existing	Proposed	Effective Date	Approved By	Denied By
Rebates					
\$1 Retail Product					
\$2 Retail Product					
\$3 Retail Product					
Vol Rebate (ann)					
Accessories					
Self Servicing (qtrly)					

** for both \$1 and \$2 rebates, please note if this is annually or quarterly*

Territory Manager Signature: _____