



Harold Levinson Associates

Date: \_\_\_\_\_

**SALES SUPPORT REQUEST FORM**

ACCOUNT STATUS (Check box):  New Account  Current Account  New Construction

Account #:	Salesman:
Account Name:	Contact:
Address:	Phone:
City/State/Zip:	Delivery Date:
Directions:	

WEEKLY CARTON COUNT \_\_\_\_\_

MERCHANDISING       COFFEE       FOOD SERVICE

*Answer questions below only for service(s) you are requesting.*

<u>MERCHANDISING</u>	Y	N	COMMENTS
Does store require labeling?			
<u>COFFEE</u>			
Currently selling coffee?			
<i>If yes:</i>			
Current coffee supplier			
Daily coffee sold:			
# pots _____ # cups _____			
Pricing from current supplier. (Be specific) \$ _____			
<u>FOOD SERVICE</u>			
Current Food Service Programs?			
Any freezers?			

**PLEASE FAX TO LORI @ 631-962-0589**