



**SOUTHERN WHOLESALE
FLOORING CO.**

Price Request/Authorization

DATE: _____ SWF Representative: _____

CUSTOMER: _____ CUSTOMER #: _____

CITY: _____

Product #	Product Description	Price	Trip/Overbill
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expiration Date of Special Price: _____ Review Date: _____

Anticipated Volume of Sales: _____

Reason Regular Price Not Satisfactory: _____

Product Manager Authorization: _____ Date: _____