SCAN REQUEST FORM

The following scan information is being presented to Associated Wholesalers, Inc., for our members to use in their weekly print advertising. Please fill in this form with all pertinent information, and turn it in to your respective AWI buyer for review and final approval. It is understood that all of this information is presented and supported by the undersigned sales person as the official representative of the product manufacturer. The signature of the sales representative and the AWI buyer are required for this form/information to be considered complete.

Complete Product Name:
(Please enter general name i.e. "Kellogg's Cereals")

All AWI Codes & Varieties:
(Please use a separate sheet for more codes)

ITEM #	PACK	SIZE	DESCRIPTION

SCAN INFO (Please Print)

Send scan data and a copy of your ad to:

SCAN Value: _____

Reciprocal Fund # _____

C/M Name: _____

Company: _____

Address: _____

City, State, Zip _____

Rep Name: _____

Performance Dates: _____

Sales Person: _____
(Print)

Sales Person: _____ Date: _____
(Signature)

AWI Cat. Manager: _____ Date: _____
(Signature)

NOTE: THIS SCAN REQUEST FORM MUST BE COMPLETED WITH ALL PERTINENT INFORMATION!

(This form is not to be altered in any way. Any further information should be attached separately. NO EXCEPTIONS)