



Hilltop

CUSTOMER SPECIAL REQUEST

Customer: Please fill out the box below and return it to the store.

Customer Name: _____ Phone: _____

Date Ordered: _____ Date to Pick Up: _____

Item you would like us to special order:

Item you would like us to carry as an everyday product:

For Store Use:

Request Received By: _____

Request Submitted To: _____

Date Product Ordered: _____

Date Product Received: _____

Location of Product for Customer Pickup: _____

Date Customer was Called for Pickup:

First Call: _____

Second Call: _____

Third Call: _____

Special AD Pricing and/or Discount customer is to receive: _____