



Channel: Specialty Retail
2005 RACK REQUEST FORM

Fax completed forms to: 877-329-2543

Request Date:	_____	Requested By:	_____
Ship To:	_____	Company:	_____
Attention:	_____	Phone:	_____
Street:	_____	Fax:	_____
City, State, Zip Code:	_____	Email:	_____
Phone:	_____	Comments:	_____

RACKS		
Quantity	Item Number	Description
_____	400052	6 BX Sustainable Counter Rack
_____	400053	2 BX Sustainable SHOT Wing/Counter Rack
_____	400007	30 BX Wire Floor Rack
_____	400018	4 BX MOJO Wire Counter Rack
_____	4000019	52" LUNA Moon Floor Rack
_____	400025	MOJO Wire Shelf Extender (4 Pack)
_____	400026	2 BX MOJO Wire Counter Rack

AUTHORIZATION (Required before request will be processed)

CLIF Bar Inc. Regional Sales Manager Signature _____

_____ Date

For Internal Use Only

_____	_____	_____	_____
Date Received	Date Entered	Order #	