LICENSEE SPECIAL ORDER REQUEST

1520 E 5th Street, Cheyenne, Wyoming 82002-0110

Master Data Group

Gayle: 307-777-6457

Angie: 307-777-7978

Fax: 307-777-5872

FAX		
	Vendor #	20
	Retailer	
	Carrier	
	Rep #	100
	RFQ #	6 -
	RFQ Deadline Date	
	SO #	
	PO #	55 -
	(optional) **PR #**	2 -
	(optional) **PG # & POOL**	
	(optional) **FRT COND**	
	SHIPPING POINT	

(PLEASE PRINT ALL INFORMATION LEGIBLY)

Date	/ /		
Customer Number			
Licensee Name (not DBA)			
Mailing Address		**Phone Number**	307-
City - State - Zip		**Fax Number**	307-
Ordered by			

PLEASE LIST (1) VENDOR PER SHEET **VENDOR NAME** _____

COMPANY REPRESENTATIVE _____

Domestic **(D)**
Imported **(I)**

Code *Number*	*Case Quantity Ordered*	*Age Or Vintage*	*Proof*	*Size*	*Bottles Per Case*	*Complete Description*	**D or I** *& Country (if Imported)*