

New Change

PRICE SHEET -

Customer #

Approved By:

Ship To #

Item #

BILL TO:  
Contact:  
Address:

City : State: Zip:  
Phone: Ext .  
Fax: Ext .

SHIP TO:  
Contact:

City : State: Zip:  
Phone: Ext .  
Fax: Ext .

Effective Date:

Product: Package

Package Size:

Volume:

Supplier/Location:

Territory:

Salesperson ID:

Mode of Trans:

Pneumatic: Yes:

Product Type:

Freight Basis:

Instructions For...

Bills Of Lading:

Production:

SCR Number:

Rail Routing:

Pricing:

Price:

Per:

Gross Selling Price:

Less Freight:

Net Selling Price:

Less GCI Commission:

Netback to Supplier:

Old Price:

Reason:

Carrier:

Carrier Notes

Carrier Price: Per U Of M: