

DIVISION: \_\_\_\_\_

DATES: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

INVENTORY FOR: \_\_\_\_\_  
                                  {STATE}

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DIRECT ACCOUNT STATUS REPORT

<u>BRAND</u>	<u># OF CARTONS ON HAND</u>	<u>AVERAGE WEEKLY MOVEMENT</u>	<u># OF WEEKS ON HAND</u>
STYLE LIGHT 100'S	_____	_____	_____
STYLE LIGHT MENTHOL 100'S	_____	_____	_____
STYLE LIGHT BOX 100'S	_____	_____	_____
STYLE MEN. LIGHT BOX 100'S	_____	_____	_____
STYLE SLIM LIGHT 100'S	_____	_____	_____
STYLE SLIM MEN. LT. 100'S	_____	_____	_____

NOTE: REPORT STYLE INVENTORY ONLY.

SUBMIT REPORT ONLY IF STYLE IS STILL ON HAND IN THIS ACCOUNT.

CC: REGIONAL SALES MANAGER, ALL DIVISIONS SERVICED BY THIS ACCOUNT.

ACTION PLAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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