JOBBER REPORT OF SALES FOR APPROVED A-PLUS™ NETWORK MEMBERS

PLEASE FILL OUT COMPLETELY:

JOBBER ACCOUNTS MAIL TO:
YOUR SHERWIN-WILLIAMS SALES REPRESENTATIVE OR THE NEAREST SHERWIN-WILLIAMS REGIONAL OFFICE.

AREA SALES MANAGER – FAX OR MAIL APPROVED FORM TO:

SHERWIN-WILLIAMS AUTOMOTIVE FINISHES - A-PLUS™ NETWORK
4440 WARRENSVILLE CENTER ROAD BLDG. C
WARRENSVILLE HTS, OHIO 44128-2837
Fax: 216-263-1595

A COPY OF EACH PAINT PURCHASE INVOICE MUST BE ATTACHED TO THIS FORM.

REQUESTS FOR "REIMBURSEMENT CHECK" WILL NOT BE ELIGIBLE FOR CREDIT IF NOT PRESENTED ON THIS FORM WITHIN 45 DAYS FROM THE END OF EACH QUARTER.

NAME AND ADDRESS OF A-PLUS™ NETWORK MEMBER

	AMOUNT S-W PAINT
TOTAL	$
2%	
POINTS	

I (WE) CERTIFY THAT THE ABOVE SHERWIN-WILLIAMS PAINT HAS BEEN SOLD TO A QUALIFYING A-PLUS™ NETWORK MEMBER AT OR BELOW SUGGESTED PRICES

JOBBER

ADDRESS **CITY** **STATE** **ZIP CODE** **TELEPHONE#**

Authorized Signature **PRINT NAME** **Date**

For Sherwin-Williams Automotive Use Only

Area Sales Manager Signature **PRINT NAME** **Date**