Appendix 3-6

WANT SLIP

Item requested _____ Brand name _____

Size _____ Style _____Quantity _____

Item description _____

_____

Customer's name _____

Address _____
Street City Province Postal Code

Telephone (_____) _____

EMPLOYEE: Please Forward Immediately to Your Supervisor

Employee Signature _____

Store No. _____ Dept. No. _____ Date _____