JOBBER REPORT OF SALES TO APPROVED A-PLUS ™ MEMBERS

PLEASE FILL OUT COMPLETELY:

JOBBER ACCOUNTS MAIL TO:
YOUR SHERWIN-WILLIAMS DISTRIBUTION REPRESENTATIVE OR THE NEAREST SHERWIN-WILLIAMS REGIOINAL OFFICE.

DISTRIBUTION REPRESENTATIVE / REGIONAL MANAGERS MAIL APPROVED FORM TO:

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

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

REQUESTS FOR "REBATES" 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 ™

	AMOUNT S-W PAINT
TOTAL	$
2%	
POINTS	

I (WE) CERTIFY THAT THE ABOVE SHERWIN-WILLIAMS PAINT HAS BEEN SOLD TO A QUALIFYING A-PLUS 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**