

SELF-SERVICE CARTON MERCHANDISING — FIXTURE

TERRITORY #					

CALL #			

☐ INDEPENDENT

CONTROL NUMBER					

☐ CHAIN

KEY ACCOUNT NUMBER					

PLAN—O—GRAM																							

CUSTOMER NAME																							
STREET ADDRESS — LINE 1																							
STREET ADDRESS — LINE 2 (To be completed only when street address exceeds space provided above)																							
CITY																		ST.		ZIP			

☐ New Account☐ Old Account (New Plan)☐ Reinstatement☐ Change in Name, Address or Ownership

EFFECTIVE DATE OF AGREEMENT

YR.

(A) Volume Category	(B) # OF STORES	(C) Fixture Rows	(D) PM Rows	(E) % ALLOCATED TO PM	(F)	(G) MONTHLY PAYMENT/STORE

PHILIP MORRIS U.S.A.

BY _____ Date _____

Retailer

By

Date _____

PHILIP MORRIS U.S.A.

BY _____ Date _____

(manager)

DISTRIBUTION

CHAINS

INDEPENDENTS

ORIGINAL
DUPLICATE
TRIPPLICATE
QUADRUPLICATE• N.Y. MKTG. ACCTG. & BUDGETS)
• SECTION OFFICE
• CUSTOMER
• P.M. MANAGERSECTION OFFICE
SECTION OFFICE
CUSTOMER
P.M. REPRESENTATIVEIS THIS ACCOUNT INCORPORATED? ☐ YES ☐ NO

PLEASE PROVIDE:

FEDERAL
EMPLOYER TAX I.D. NO.

—OR—

OWNER'S
SOCIAL SECURITY NO.

2049394078