

Stock Request Form

Use this form to request items to be stocked specifically for your account in your designated warehouse

Required Information	
Name:	Title:
Phone:	Email:
Account No:	Agency Name:
Date Requested:	Date Required:

To insure timely delivery, please provide the product information below

Stock Request			
Manufacturer:	Mfr. Item No:	Product Description:	Est. Monthly Usage

Should the stock levels need to be adjusted up or down, I will inform Life-Assist as soon as possible. In the event the request needs to be cancelled, I will work together with Life-Assist to help liquidate any remaining stock.

Print Name and Title: _____

Signature Required: _____

Date: _____

Return completed form to Life-Assist Customer Care at customerservice@life-assist.com or fax to 1-800-290-9794