



## Commercial Body Repair Product Request Form

AAPStore#\_\_\_\_\_

AAP or CQ Store Name:\_\_\_\_\_

GM:\_\_\_\_\_

DM:\_\_\_\_\_

Inventory Investment\$:\_\_\_\_\_

Sales Projection\_\_\_\_\_

Product Being Requested:\_\_\_\_\_

NOD/Vendor Rep Assisting:\_\_\_\_\_

Notes & Comments

Date:\_\_\_\_\_