Wish List Short Form

Customer Request for Products

CUSTOMER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

KOC MEMBER #: _____ CROWN REWARDS #: _____

				Store Use Only
Item Requested	Stock # or UPC	Price	Quantity	Date Called

Submission of this form does not guarantee that there will be available product to fulfill the request. Ornaments will be distributed to customers in the order requests are received.

4 00905 01992 1

Store Use Only

Date / Time received: _____/_____

Store Stamp