

# ASSOCIATE PURCHASE PRICE REQUEST FORM

(For ALL Managers and Associates employed at Daniel's over 3 years;  
if employed 3 years or less consult the Operations Manual, Assoc. Purch. Program)

## DIRECTIONS:

1. Please refer to Operation Manual in the Associate Purchase Program chapter.
2. **Fill out this form and have your Manager sign it.** Do not call your RDM or SMC.
3. **Fax the form to SMC Special Order Coordinator at FAX (310)665-2123**
4. SMC Special Order Coordinator will fax you this form with your employee price on the next business day after receipt of this form; Expect 2 business days during peak times.  
*If Associate can't wait for SMC staff to quote 3+ year price, use the pricing chart shown in the Operations Manual for Associates employed less than 3 years.*

Associate Name: \_\_\_\_\_ Employee # \_\_\_\_\_ Store # \_\_\_\_\_  
(Print name clearly)

Only Method of Payment  ✓ One only →	1	2 *	3 *	4 *	Reminder: If this is a Daniel's charge, you Must get credit department approval before making the purchase.
	Cash Check	Credit Card Visa/MC/AE	Synchrony	Daniel's Charge	

SKU #	Description	Ticket price	Authorized price (to be completed by SMC)
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
		(effective 04/01/19) 10.25% sales tax	\$
* 3% will be included for Credit Cards (Visa, MC, AE), 4% for (Synchrony) & 10% will be included for Daniels Charge. <u>ONLY 6 months same as cash for Synchrony.</u>		* 3%, 4% or 10% for charge purchase	\$
		Grand Total Due	\$

Store Manager's Signature \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

Special Order Coordinator Signature \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

## WHEN MAKING A PURCHASE, PLEASE SEND TO SMC:

1. White copy of the Sales Receipt with this form attached.
2. A transfer from your store to 1EM listing all items being purchased.
3. Your payment or credit authorization.
4. A Shipping Manifest with this 1EM transfer form number written on it.