

**KASSON & KELLER**  
**Special Pricing Authorization Request**

Requested By / Salesman  Dealer #  Date

Customer Name  Buying Group / Rebate Program

**Type of Change**

<b>Base:</b>	<input type="text"/>
<b>Special Shape:</b>	<input type="text"/>

Series	Product Type	Price Structure	Current Multiplier / Net Price	Proposed Multiplier / Net Price
Payment Terms			<u>Current Terms:</u>	<u>NewTerms:</u>
*Forward to Linda Kilmartin for approval if a change of payment terms is being requested or for a new customer				


Requested By: Matt Sullivan	<input type="text"/>	Date	<input type="text"/>
Approved By: William Keller	<input type="text"/>	Date	<input type="text"/>
Payment Terms Reviewed By: Linda Kilmartin	<input type="text"/>	Date	<input type="text"/>
Acknowledged & Entered By: Michael Robinson	<input type="text"/>	Date	<input type="text"/>

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Fax: (518) 853-3299