## **NEW/CHANGE ITEM REQUEST FORM**



Please complete all fields below as best as possible. Missing data may delay the input of your new product or product changes. Once completed, please email this form to: dataservices@reladyne.com

All submitted requests should	be comp	leted within 4	business h	ours of sub	mission		
REQUESTOR				DATE			
NEW		CHANGE		INACTIVATE		DISCONTINUE	
(If NEW product, complete all fields as	best as pos	sible. If CHANGE	E, enter item nu	ımber below an	d only fields wit	th data to change	e)
ITEM NUMBER (IF CHANGE)							
ITEM DESCRIPTION				GRADE		PACK SIZE	
ITEM BRAND					MFG PART#		
PRODUCT LINE			PR	ODUCT TYPE			
VENDOR ALIAS #			GENE	RAL ALIAS #			
UPC-A (12 digit) #				UP	C-E (9 digit) #		
							1
STD UOM			DE	FAULT WHSE			
SALES UOM			PR	OCUREMENT			
PURCHASE UOM				PRICE CODE			
WEIGHT			INVEN	TORY CYCLE			
GALLON CONV			EM PRO	DUCT CLASS			
SPECIAL STOCK			СОММ	ISSION COST			
PRIMARY VENDOR			STAI	NDARD COST			
PURCHASE TAX CLASS	TX	NT	SALES	S TAX CLASS	TX	NT	
ALLOW BACK ORDER	NO	YES	DRU	JM DEPOSIT?	NO	YES	
STANDARD PRICE				RDX ITEM?	NO	YES	
HAZMAT PRODUCT?	NO	YES	HAZMAT [	DESCRIPTION			
				Ī			
DATE NEEDED BY							
NOTES							
EXISTING ITEM TO REFERENCE							

(It can be helpful for me to reference a similar existing item already in DM2 to ensure consistency. Please add this information if available)