

OPEN / CLOSE SCHEDULE FORM

Dealer # _____ Dealer Name _____ Date _____

Account # _____ Account Name _____

Days of the Week	May Open	Must Open	May Close	Must Close	Or Closed
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Holidays	May Open	Must Open	May Close	Must Close	Or Closed
New Year's Day					
Memorial Day					
July 4th					
Labor Day					
Thanksgiving Day					
Christmas Day					
Other _____					

Report required (subject to addition charges): No Yes If yes, send to Dealer Customer.

Frequency: Daily Weekly Monthly Report destination email address: _____

User 1 Name: _____ Passcode: _____

User 2 Name: _____ Passcode: _____

User 3 Name: _____ Passcode: _____

User 4 Name: _____ Passcode: _____

User 5 Name: _____ Passcode: _____

User 6 Name: _____ Passcode: _____

User 7 Name: _____ Passcode: _____

User 8 Name: _____ Passcode: _____

User 9 Name: _____ Passcode: _____

User 10 Name: _____ Passcode: _____

Special Instructions: _____

RECEIVED

COLMPLETED

SENT

1st PROOF

2nd PROOF