

## **CLOSING DISTRIBUTOR CHECKLIST**

COMPANY:	CLOS	E APPROVED BY:	
	<del>-</del>	0.00	
CITY, STATE, ZIP:	FAV		
PHONE:	FAX:		
OPEN DATE:	ACCT		
CORRECTIVE ACTION LETTER SEI	NT:		
·		ECTS - <b>CUT-OFF</b> /	
☐ Prepare Cancellation Letter &		DATE / / INITIO	
· · · · · · · · · · · · · · · · · · ·	tter to Distributor Principal	DATE:/ INTLS DATE:/ INTLS	·
	ing, Service & Sales w/ Terms	DATE: / / INTLS	;
	ting that the dist. is closing & ter		<b>'</b>
Order Dates?  On order cut-off date, check with	h order entry – What orders have		
After Ship Dates indicated: ACCOUNTING — Outstanding Bal	ance: ¢	DATE: / / INTLS	:
	ance, deactivate in GP	DATE: / / INTLS	
<b>ORDER ENTRY</b> – Deactivate in: D	oor Order Program	DATE:/ INTLS	;
	D. Berle Order Cite		
IT – Remove from: ☐ Dist. Lo	ocator	DATE: / / INTLS	:
L Tux Lis	t a droup = Turther Fortal		<b>'</b>
FINAL – Confirm that account is	inactive in CRM – Deactivate if n	ot	
•	ounting, Service & Sales – Dist. Cl		;
Notify BDM, REP & P.Y		ATE:/ INTLS	
Have front desk remove		DATE:/ INTLS	·
Combine paperwork and	aps, Rep Assig. Dist.     DATE: I file in Closed Dist_File	_//	;
Combine paperwork and	i ilic ili Ciosca Dist. I lic	ναιτ/ IINI L3	<b>'</b>