IOM REQUEST

***\*\*PLEASE ALLOW 2 WEEKS FOR THE IOM’S TO BE COMPLETED\*\****

**DATE:** IOMRequestDate **PR #:** PRNumber

**PROJECT:**

**REP & COMPANY:** RepCompanyName

**TSI / RAE / CENTURY SALESPERSON:** SalespersonName

**MODEL:** ModelName

**ESTIMATED EQUIPMENT SHIP DATE:** EstShipDate

**IOM’S NEEDED BY:** IOMNeedDate **Quantity:** IOMQuantity

**SEND IOMS TO:**

**COMMENTS / ADDITIONAL INFORMATION:**

**Requested By:** RequestedBy

# \*ALL IOM’S WILL BE SENT REGULAR UPS UNLESS OTHERWISE SPECIFIED

|  |
| --- |
| Shipping Method: OtherShipment |
|  |
| Sent By: SentBy Date: CurrentDate |

**AASALES/FORMS/3/02**