

## SAMPLES/DEMO REQUEST FORM

SALES DEPARTMENT

TYPE OF ACCOUNT	r: PR	RIVATE [	GOVERN	NMENT	DEALER ITE	M REQUES	T: REAGEN	TS CONSU	MABLES N	MACHINES	
REQUESTOR INFORMATION											
EMPLOYEE NAM	E						DATE OF REC	QUEST			
DEPARTMENT							POSITION				
ACCOUNT NAME	E						PREFERRED DEMO DATE(S)				
ADDRESS							PURPOSE OF	DEMO			
REAGENTS AND CONSUMABLES IN											
PART NO.		DESCRIPTION					QTY	UNIT	UNIT COST	TOTAL AMOUNT	
GRAND TOTAL											
MACHINE INFORMATION (TO BE FILLED BY TEC											
MACHINE NAME  ACCESSORIES NEEDED						MACHINE	SERIAL NO	SPECIAL REQUI	REMENTS		
						(e.g., installation needs)					
							CHECKED BY				
							CILERED DI				
						DATE S	Signature over Printed Name  DATE SIGNED:				
PREPARED BY				ENDORSED BY		APPROVED BY					
							SHEERE ANN BARNES National Sales Director				
Employee's Signature Signature over Printed Name				l	Product Manager/Produ (Signature over	tion Manager					
Signature over Printed Name  DATE SIGNED:					(Signature over Printed Name)  DATE SIGNED:			DATE SIGNED:			