

## SAMPLES/DEMO REQUEST FORM

**SALES DEPARTMENT** 

TYPE OF ACCOUNT:	PRIVATE	GOVERNMEN	T DEALER IT	EM REQUEST:	REAGEN	TS CO	NSUMABLES N	MACHINES	
REQUESTOR INFORMATION									
EMPLOYEE NAME					DATE OF REQUEST				
DEPARTMENT					POSITION				
ACCOUNT NAME					PREFERRED DEMO DATE(S)				
ADDRESS					CONTACT NUMBER OF ACCOUNT				
PURPOSE OF DEMO									
REAGENTS AND CONSUMABLES INFOR									
PART NO.		DESC	CRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT	
							GRAND TOTAL		
MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTMENT)									
MACHINE NAME MAC					ACHINE SERIAL NO				
ACCESSORIES NEEDED				SPECIAL REQUIREMENTS (e.g., installation needs)					
					·				
					CHECKED BY				
				Service Team Leader Signature over Printed Name					
				DATE SIG	DATE SIGNED:				
PREPARED BY			ENDORSED BY			APPROVE	D BY		
Employee's Signature			Product Manager/Pro	n Manager President/Vice-President/National Sales Director (Signature over Printed Name)					
(Signature over Printed Name)  DATE SIGNED:			(Signature over		(Signature over Printed Name)  DATE SIGNED:				