

SAMPLES/DEMO REQUEST FORM

SALES DEPARTMENT

REAGENTS	CON	SUMABLES [MACHINES		PR	VATE	GOVERNMENT	DEALER		
REQUESTOR INFORMATION										
EMPLOYEE NAME:						DATE OF REQUEST:				
DEPARTMENT:					POSI	POSITION:				
ACCOUNT NAME:						PREFERRED DEMO DATE(S):				
ADDRESS:						PURPOSE OF DEMO:				
REAGENTS AND CONSUMABLES INFORMATION										
PART NO.		PRODUCT IDENTIFICATION				PACKAGIN		QTY	UNIT PRICE	
			MACHINE INE	CORMATION (TO BE EILLED	D DV TECUNIK	CAL SERVICE I		RAND TOTAL		
MA CUINE NAS	45		WACHINE INF	ORIVIATION (TO BE FILLED		BY TECHNICAL SERVICE DEPARTMENT)				
MACHINE NAME: ACCESSORIES NEEDED:				MACHINE SERIAL NO:			SPECIAL PEOLI	DEMENTS.		
	ACCESSORIE	L3 NEEDED.		(e.g., installation	.g., installation needs)					
						CHECKED BY				
						Signature over Printed Name DATE SIGNED:				
						GNED:				
REQUESTED BY:				RECOMMENDED BY:			APPROVED BY:		0-	
			○APPROVED	○DI	SAPPROVED	OAPPROVED		ODISAPPROVED		
Employee Signature Signature over Printed Name			Product Manager/PAS Signature over Printed Name			SHEERE ANN BARNES				
Signature over Printed Name DATE SIGNED:			Signature over Printed Name DATE SIGNED:			National Sales Director DATE SIGNED:				