

SAMPLES/DEMO REQUEST FORM

SALES DEPARTMENT

TYPE OF ACCOUNT: PRIVATE GOVERNME	NT DEALER ITE	M REQUEST:	REAGEN	TS CONS	UMABLES M	IACHINES	
_	REQUESTOR II	NFORMATION	N				
EMPLOYEE NAME			DATE OF REQUEST				
DEPARTMENT			POSITION				
ACCOUNT NAME		PREFERRED DEMO DATE(S)					
ADDRESS			PURPOSE OF DEMO				
	REAGENTS AND CONSU						
PART NO. DES	CRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT	
MACHINE II	NEORMATION (TO BE FILLE) BY TECHNIC	^AI SERVICE I		RAND TOTAL		
MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTMENT) MACHINE NAME MACHINE SERIAL NO							
ACCESSORIES NEEDED		SPECIAL REQUIREMENTS					
			(e.g., installation needs)				
			CHECKED BY				
		CHECKED BY					
			Signature over Printed Name DATE SIGNED:				
PREPARED BY ENDORSED BY		57112 31	APPROVED BY				
LINDONSED BI				THE ROYLE			
Employee's Signature Product Manager/Product		uct Application Manager		Posional/National Sales Divertor			
Employee's Signature (Signature over Printed Name) DATE SIGNED:	Product Manager/Product Application Manager (Signature over Printed Name) DATE SIGNED:		Regional/National Sales Director (Signature over Printed Name) DATE SIGNED:				