

## SAMPLES/DEMO REQUEST FORM

**SALES DEPARTMENT** 

TYPE OF ACCOUNT:	PRIVATE GOVERNMEN	T DEALER ITE	M REQUEST:	REAGEN	TS CON	SUMABLES 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 INFORMATION								
PART NO.	DES	CRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT	
GRAND TOTAL    MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTMENT)								
				CHINE SERIAL NO				
ACCESSORIES NEEDED			SPECIAL REQUIREMENTS					
			(e.g., installation needs)					
			CHECKED BY					
			Service Team Leader					
			Signature over Printed Name  DATE SIGNED:					
PREPARED BY ENDORSED BY				APPROVED BY				
Fmn	loyee's Signature	Product Manager/Prod	Product Manager/Product Application Manager			President/VP/GM		
(Signature over Printed Name)		(Signature over Printed Name)		anayei	(Signature over Printed Name)		nted Name)	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:				