

SAMPLES/DEMO REQUEST FORM

SALES DEPARTMENT

TYPE OF ACCOUNT:	PRIVATE	GOVERNMEN [*]	T DEALER IT I	EM REQUEST:	REAGEN	TS CON	ISUMABLES M	IACHINES	
REQUESTOR INFORMATION									
EMPLOYEE NAME					DATE OF REQUEST				
DEPARTMENT					POSITION				
ACCOUNT NAME					PREFERRED DEMO DATE(S)				
ADDRESS					CONTACT NUMBER OF ACCOUNT				
PURPOSE OF DEMO	10								
REAGENTS AND CONSUMABLES INFORM									
PART NO.		DESC	CRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT	
							GRAND TOTAL		
MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTM							T)		
MACHINE NAME M					MACHINE SERIAL NO				
ACCESSORIES NEEDED				SPECIAL REQUIREMENTS (e.g., installation needs)					
				CHECKED BY					
				Service Team Leader					
DA				DATE SIG	Signature over Printed Name SIGNED:				
PREPARED BY ENDORSED BY					APPROVED BY				
Employee's Signature Product Manage				oduct Application Manager ver Printed Name)		President/VP/GM			
(Signature over Printed Name) DATE SIGNED:			(Signature over DATE SIGNED:		(Signature over Printed Name) DATE SIGNED:				