

SALESMAN SAMPLES FROM STOCK REQUEST

MUST HAVE THREE (3) WORKING DAYS PRIOR NOTICE

PLEASE LIST ONLY ONE VENDER/SUPPLIER PER FORM

FAX: 307-777-6255

DATE:	
SALES REP NUMBER:	
SALES REP NAME:	
VENDOR NAME:	
SHIP TO:	<i>(Retailer Name & Cust#)</i>
PICK UP:	<i>(Will Call Date & Time)</i>
DATE YOU NEED REQUEST BY:	
REASON FOR REQUEST:*	

***REASON FOR REQUEST:**

1. **LICENSED RETAILER SAMPLING**
2. **DONATIONS TO NON-PROFIT ORGANIZATION FOR CHARITABLE EVENTS OR FUND RAISING (INCLUDE EVENT, LOCATION & DATE OF EVENT, BE SPECIFIC).**
3. **CONSUMER TASTING, TRADE SHOWS, & CONVENTIONS & (INCLUDE LOCATION & DATE OF EVENT, BE SPECIFIC).**

REPRESENTATIVE SIGNATURE _____

PRODUCT #	DESCRIPTION	SIZE	CASE	BOT.

FAILURE TO COMPLETE THIS FORM COULD RESULT IN A DELAY OF PROCESSING YOUR REQUEST IN A TIMELY MANNER.