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:	*(Retailer Name & Cust#)*
PICK UP:	*(Will Call Date & Time)*
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).***

REPRESENTIVE SIGNATURE_____

PRODUCT #	*DESCRIPTION*	*SIZE*	*CASE*	*BOT.*

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