



SAMPLE REQUEST AND FOLLOW UP FORM

Date: _____ Distributor: _____ Sales Rep: _____ Date Required: _____

Account Name: _____

Contact:	_____
Address:	_____ _____ _____
Phone:	_____
Fax:	_____
E-Mail:	_____

Ship To:	Sales Rep: _____	Account: _____	Other: _____	Pick-Up
Shipping Method:	UPS: _____	UPS No: _____	Other: _____	Overnight*
Trial Performance/ Test	Yes: _____	PO# _____	No: _____	
** Pricing Request	Pails _____	Drums _____	Totes: _____	
Literature Request	MSDS _____	TDS _____		

<u>Product Name:</u>	<u>Sample Size</u>	<u>Quantity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Larger quantities approvals:	
Sales Rep.	_____
National Sales Manager	_____
President / CEO	_____

Trial Information:	Was Trial Successful? Yes: _____ No: _____
Product Failure? Explain Why.	

*Distributor pays overnight charges unless otherwise approved by Metalloid	
**Denotes price per gallon for billing on successful trials	