



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:	Pick-Up:
Shipping Method:	UPS:	UPS#	Other: Overnight*
Trial Performance/ Test	Yes:	PO#	
Pricing** Request	Pails:	Drums:	Totes:
Literature Request	MSDS:	TDS:	Other:

Product Name	Sample Size	Quantity

Larger Quantities Approvals	
Sales Rep.	
National Sales Manager	
President / CEO	

Trial Information:	
Was Trial Successful?	Yes: _____ No: _____
Product Failure? Explain Why.	
<small>*Distributor pays overnight charges unless otherwise approved by Metalloid **Denotes price per gallon for billing on successful trials</small>	