**PRODUCT REQUESTER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **RM/Rep.:** |       | **Date:** |       |
| **Distributor Name/Customer No.:** |       |
| **Shipping address:** |  |
| **SBU:** | **PI** [ ]  **IR** [ ]  **AI** [ ]  **CC** [ ]  **URO** [ ]  **ESC** [ ]  **RH** [ ]  **SUR** [ ]  **LM** [ ]  **OHNS** [ ]  **CT** [ ]  **N/A** [ ]  |
| **Managers Approval:** |  **[ ]  Yes [ ]  No** |

**REASON FOR PRODUCT REQUEST** *(tick only 1 box)* **\* Enter Meeting date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To replace broken Rep Stock** | **[ ]**  | **Demo sample:** | **[ ]**  | **Tender sample:** | **[ ]**  |
| **Workshop** | **[ ]**  | **New product sample:** | **[ ]**  | **New rep sample:** | **[ ]**  |
| **Hands on Training** | **[ ]**  | **Donations sample:** | **[ ]**  | **Meeting sample:** | **[ ]**  |
| **R & D Sample** | **[ ]**  | **Marketing Sample** | **[ ]**  | **Convention / meeting sample\*:** | **[ ]**  |
|  |  |  |  |  |  |

**CUSTOMER COST % FROM NET PRICE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product RPN:** | **Quantity** |  | **Price & currency** *(required only for billing)* |  |
|  |  |       |       |       |
|  |  |       |       |       |
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**FOR INTERNAL USE ONLY BY EUROPEAN SHARED SERVICE CENTRE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Service Rep:** |       | **Date:** |       |
| **Order number:**  |       |