**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:** | |  | |