|  |  |
| --- | --- |
| **PRODUCT INFORMATION** | |
| **Quick Quote Only – no sample requested** | |
| **Distributor name:** |  |
| **Contact name:** |  |
| **Distributor address:** |  |
| **Product Code:** |  |
| **Product description:** |  |
| **Annual quantity:** |  |
| **Intended use:** |  |
| **Final Product Packaging:** | SterileNon-sterile |
| **Sample Qty requested:** | **Sales Rep. x EACH**   **QA x EACH** |
| **Sample Packaging:** | SterileNon-sterile |
| **Comments:** | |

|  |  |  |
| --- | --- | --- |
| **SHIPPING METHOD** | | |
|  | **Sample to rep** | **Sample to QA** |
| **Courier requested:** |  |  |
| **Courier account no.:** |  |  |
| **Shipping address:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENT LIST** (IF NEW PRODUCT) | | | |
| **Part number:** | **Description:** | **UOM** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_