



REQUEST FOR SPECIAL QUOTE

Sales Representative:

Distributor:	End User:
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Contact: _____ Contact: _____
 Title: _____ Title: _____
 Phone: _____ Phone: _____

Global Style #	Quote	Projected 6-Month Usage

Comments: _____

Expiration Date:	Request Date:	Effective Date:
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APPROVED	
Regional Manager's Approval:	Date:

NOTE: This is only a *request* for a special quote. It is *not* approved until a regional manager has signed it.

ALL PRICES SUBJECT TO CHANGE WITHOUT NOTICE

This quotation is considered confidential. Violation of confidence will cancel this quotation.

Should an order be received prior to receiving this approved form, the special pricing for that order will not be honored.