



# SAMPLE REQUEST FORM

2 East Main Street, Carpentersville, IL 60110  
P 847.428.7171 F 847-428-1956

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

### Customer Contact Information

Customer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Authorized Representative or Distributor Requested by:

Rep. Salesperson Name: \_\_\_\_\_

Rep. Firm or Distributor Name: \_\_\_\_\_

OTTO Sales Manager: \_\_\_\_\_

### Shipping Information

Direct to Customer       Rep Office       Distributor

### Method of Shipping

Standard Ground       Express Overnight

### Sample Request

Quantity	OTTO Part Number	Description

Send form via Email to OTTO Regional Sales Manager or Customer Service