

SAMPLE REQUEST FORM

| Date: | | P 847. |
|----------------------------|--------------------------------------|---|
| Custome Customer | | 847.428.7171 |
| | | |
| Company | | 847 |
| | | -42 |
| | | 8-1. |
| Ad | ddress: | t, Carpentersville, I F 847-428-1956 |
| City | State: | |
| Posta | l Cada | |
| С | ountry: | |
| Rep. Firm OTTO Sa | or Distributor Name: les Manager: | |
| • | Information | 5 D. () |
| □ Direct t | o Customer | fice Distributor |
| Method o | f Shipping | |
| ☐ Standa | ird Ground | Express Overnight |
| Sample R | Request | |
| | OTTO Part Number | Description |
| | G3-C1CC21441111NNNNNN | G3-C Universal Grip with 2 - K1 Rockers and 2 - P9 Pushbuttons on faceplate with a P9 Pushbutton on Trigger |
| | G3-CK18LL411 | G3-CK Universal Grip with 8 Button Lighted Keypad center faceplate and 10 Button Left-Hand Lighted Keypad with Single |

Trigger Level

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