

**SAMPLE REQUEST FORM**

Date:

CUSTOMER INFORMATION	
Company name	
Address	
Merchandise delivery address if different from the above	
Requested by	
E-mail	
Phone	
Web site	
VAT number	
Industry type (R&D, Manufacturer, Dealer)	

PRODUCT INFORMATION	
Product Sample Required	
Quantity Required	
Product Application (project)	
Required properties for the final product	
Expected time frame for official feedback	
IF THE PRODUCT HAS BEEN USED IN THE PAST:	
Product that was used	
Objective of the project, if different from the current	
Other information	

*\* The information requested in relation to the product is so that we can understand the use of the product and cooperate if necessary.*

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