STOCK SAMPLE REQUEST FORM

CUSTOMER NUMBER	COMPLETED BY

DATE + TIME:	
TELEPHONE:	

SHIPPING: ☐ GROUND ☐ 3 DAY ☐ 2 DAY ☐ Next Day-SAVER ☐ Next Day-10:30/Standard ☐ SATURDAY DELIVERY

COMPANY:	
CONTACT:	
EMAIL:	
ADDRESS: *Don't Forget to Ask for Suite Number.*	
CITY:	
STATE:	
ZIP:	

DISTRIBUTOR: ☐ WG ☐ RJF ☐ DIR ☐ NEW

REQUESTER TYPE:	
☐ CUSTOMER ☐ REP	☐ CONTRACTOR **ASK JOB STATUS** ☐ HAVE ☐ DO NOT HAVE
SAMPLE REQUEST:	**SAMPLE REQUEST:**
☐ STOCK SAMPLE ☐ CUSTOM STOCK SAMPLE	☐ SUBMITTAL - STOCK ☐ SUBMITTAL - CUSTOM

JOB NAME & JOB LOCATION
SPECIFIER NAME

SALES REP:	

SCUFF FINISH NUMBER / CODED NUMBER	QTY

ADDITIONAL COMMENTS/INSTRUCTIONS:

WG SAMPLE #	