



ATIP SAMPLE REQUEST FORM

6602 EXECUTIVE PART CT., SUITE 207 • JACKSONVILLE, FLORIDA 32216
PHONE: 904-743-4000 • FAX: 904-743-6500

Use this form to process all sample requests. Legibly print all relevant information.

ATIP Representative's Name: _____ Contact Phone: _____

CUSTOMER INFORMATION

Company: _____

Contact Name: _____ Contact Phone: _____

Customer P.O. Number: _____ Contact Fax: _____

BILL TO ADDRESS

PHONE NUMBER:

SHIP TO ADDRESS

PHONE NUMBER:

PRODUCT INFORMATION

PRODUCT DESCRIPTION	COLOR	SIZE & QUANTITIES	UNIT PRICE	TOTAL QUANTITY

No charge for gift sample For general Demo By Sales Person

Authorized Supervisor Signature: _____ Time: _____ Date: _____

SIGN OUT

SIGN IN

_____ Warehouse Signature	_____ Release Date	_____ Time	_____ Warehouse Signature	_____ Returned Date	_____ Time
_____ ATIP Representative's Signature	_____ Release Date	_____ Time	_____ ATIP Representative's Signature	_____ Returned Date	_____ Time

ACCOUNTING REPRESENTATIVE SIGNATURE

Date Charged to Representative: _____ Date For Payroll Deduction: _____ Total Amount Charged: _____

ACCOUNTING REPRESENTATIVE DATE TIME

ATIP REPRESENTATIVE SIGNATURE

By signing below for samples, I have agreed to return above listed samples on or by 2:00pm EST by the due date. If samples are not returned in the same manner in which received or within the five (5) Business days allotted time, I agree to pay for all items listed above.

ATIP ACCOUNT REPRESENTATIVE DATE TIME