



Solutions for Daily Living

## DEALER'S DEMO SALES REQUEST FORM

This program allows dealers to order Columbia Medical product(s) for the purpose of demonstrations and in-house evaluations at an **additional 30%** off the dealer's existing discount structure. These items **CANNOT BE RETURNED** unless the standard one-year warranty conditions apply.

Please fill out the enclosed participation form and fax it to **(310) 305-1718**  
If you have any question, please contact Customer Service at **(310) 454-6612, ext. 100**

### DEALER'S INFORMATION:

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Acct #: \_\_\_\_\_ P.O. #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### BILL TO:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SHIP TO: (If different than "Bill to" Address)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### PAYMENT METHODS:

Current Assigned Terms     Check or Money Order (*Payable to: Columbia Medical*)     Credit Card (Amex/MC/Visa)  
Credit Card Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_  
Name as it appears on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ORDER INFORMATION:

QTY	MODEL #	COLOR	PRODUCT DESCRIPTION/SIZE

**NOTE:** Signing this Dealer Demo Sales Request Form will allow you to receive an **Additional 30%** off the individual customer discount structure. The item(s) listed should be used for in-house demonstrations only and not for resale. Item(s) **CANNOT BE RETURNED** unless standard warranty conditions apply.

**CLIENT'S MARKED FOR NAME:** \_\_\_\_\_

### DEALER'S APPROVAL:

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MANUFACTURER'S APPROVAL:

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_