

SALESMAN SAMPLES FROM STOCK REQUEST

WLD MUST HAVE THREE (3) WORKING DAYS PRIOR NOTICE
PLEASE LIST ONLY ONE VENDOR/SUPPLIER PER FORM

Please email or fax your request to:

Email: dor-eliqsam@wyo.gov FAX: 307-777-6255

DATE:	
SALES REP NUMBER:	
SALES REP NAME:	
VENDOR NAME:	
SHIP TO:	<i>(Retailer Cust# & Name)</i>
PICK UP:	<i>(Will Call Date & Time)</i>
DATE YOU NEED REQUEST BY:	
REASON FOR REQUEST:*	

**REASON FOR REQUEST:*

1. *LICENSED RETAILER SAMPLING*
2. *DONATIONS TO NON-PROFIT ORGANIZATION FOR CHARITABLE EVENT OR FUND RAISING (INCLUDE EVENT NAME, LOCATION & DATE OF EVENT, BE SPECIFIC).*
3. *TRADE SHOWS, CONVENTIONS, OR CONSUMER TASTING (INCLUDE LOCATION & DATE OF EVENT, BE SPECIFIC).*

REPRESENTATIVE SIGNATURE _____

PRODUCT #	DESCRIPTION	SIZE	CASE	BOT.

FAILURE TO COMPLETE THIS FORM COULD DELAY PROCESSING -YOUR REQUEST IN A TIMELY MANNER.