



Rep Demo Request

All demos returned within 30 days

E-Mail: asgdemorequests@asg-jergens.com

Date:	Rep Account Number:
Rep Organization:	Rep Contact:
Distributor:	Distributor Contact:
End User:	End User Contact:

Ship To:

Rep	Distributor	End User
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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Quantity	Part Number	Description

Credit Instructions

Credit will not be issued if this section has not been completed. Please check appropriate box.

<input type="checkbox"/> Return to stock and credit my account	Demo Invoice Number:	RMA Number:
<input type="checkbox"/> No return, distributor or customer is submitting purchase order.	P.O. Number:	
<input type="checkbox"/> Transfer to permanent account number:	RSM approval needed:	

Demo Results

ASG, Division of Jergens, Inc.