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Brochure / Sample Request Form

Date: _____

Facility Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Product Information (please fill out as many details as possible)

Product Code	
Product Name	
Manufacturer	
Description	

Brochure / Sample (Please circle)

Contact Person: _____

Position: _____

Signed: _____

(Please be advised that Superior Healthcare may not be able to fulfill all requests but will contact customer with further details)