

PRICE SUPPORT FORM

REQUESTING DISTRIBUTOR INFORMATION

Distributor Name _____
 Contact Name _____
 Phone _____ Fax _____
 E-Mail Address _____

SALES AGENCY INFORMATION

Name _____
 Phone _____ Fax _____
 E-Mail Address _____

COMPETITION ACTIVITY

PRICE SUPPORT

<input type="checkbox"/> <u>Acrafit (PACCAR)</u>	<input type="checkbox"/> <u>Nelson</u>	Part No. _____
<input type="checkbox"/> <u>Alliance (Freightliner)</u>	<input type="checkbox"/> <u>Riker</u>	Competition Part No. _____
<input type="checkbox"/> <u>Donaldson</u>	<input type="checkbox"/> <u>RoadMaster</u>	Quoted Price (Net) _____ Qty _____
<input type="checkbox"/> <u>Grand Rock</u>	<input type="checkbox"/> <u>TruckEx</u>	Is there a price break _____ Qty _____
<input type="checkbox"/> <u>Other (Name)</u>		Freight Policy _____ Collect _____ Prepaid _____

DESCRIPTION OF PART

Signed _____ Print _____ Date _____