

# Ray Ev, Inc.

Date: \_\_\_\_\_

## REQUEST FOR SAMPLES

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ATTN: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ THIS IS A NEW ACCOUNT REQUESTING OUR PRODUCT.

\_\_\_\_\_ THIS IS A CURRENT ACCOUNT REQUESTING UPDATES/ADDITIONAL.

PLEASE SHIP THE FOLLOWING SAMPLES:

\_\_\_\_\_ VERTICAL BLIND EDITION 1 DECK

\_\_\_\_\_ VERTICAL BLIND EDITION 2 DECK

\_\_\_\_\_ VERTICAL BLIND EDITION 3 DECK

\_\_\_\_\_ MINI BLIND DECK

\_\_\_\_\_ TRADITIONAL / ULTIMATE BLIND DECK

\_\_\_\_\_ MADISON DECK

FAX THIS FORM TO: (818) 610-0621 OR EMAIL IT TO [INFO@RAYEV.COM](mailto:INFO@RAYEV.COM)