



From: _____ Agency/Contact: _____
(Lutron Sales Person) (EX: XYZ Rep Agency, John Doe)

Friend of the Industry: _____ Date: _____

Ship-to Address: _____ PH: _____

City/State/Zip: _____ FX: _____

Email Address: _____

Type of Customer (must be completed) : ____ Rep ____ Architect ____ Engineer ____ Interior Designer

Contractor ____ Lighting Designer ____ Dist/Dealer ____ Other _____

(please specify)

Type of installation: _____

(must be completed)

PO# _____

Lutron Model No. (include color)	Qty.	Unit Price (list)	Extended Price (list)
FOI	1	N/A	N/A
Must include a complete Bill of Material		TOTAL (list):	
Attach a separate sheet if needed		Less FOI/Demo DISCOUNT: (62.5% off list*)	
		TOTAL DUE**:	

* 70% off list for Window Systems products.

**If the total due is not 100% paid for by the customer, a Lutron/Manufacturer's Rep Contribution Form must be completed.

Method of Payment: __ Check __Credit Card: MC, Visa, AMEX (circle one)

(Payment to be made by the Product Recipient Only)

Credit Card No: _____ Exp: _____

Signature on card (please print): _____

Fax or send this form and check for the correct amount to:

Lutron Electronics, Attn: Customer Service, 7200 Suter Road, Coopersburg, PA, 18036. Fax: 610-282-8329

Lutron approvals required prior to processing Order:

(up to \$15K list price) Regional Leader _____ Date: _____

(over \$15K list price) Director of Sales or above _____ Date: _____

(Any exception to the Program Product Restrictions requires Lutron Sr. VP of Sales signature)