



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

Direct Account: _____ Date: _____

Ship-to Address: _____ PH: _____

City/State/Zip: _____ FX: _____

Email Address: _____

Type of Customer:

____ Electrical Distributor ____ Residential Systems Provider ____ Lighting Showroom ____ WT Dealer
____ Home Theater Distributor ____ Other _____
(please specify)

PO# _____

Lutron Model No. (include color)	Qty.	Unit Price (list)	Extended Price (list)
SHOWROOM DEMO	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*:	

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

*If Co-op or Marketing Funds are used, a separate Lutron Co-op/ Marketing Fund Claim Form must be completed.

Fax or send this completed form 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.)