

Alessi Sample Order Request

Dates:

Date Needed to Arrive By:

Date: Requested:

Purpose (i.e. Showroom, customer appointment, etc.)

Ship To

Name | Company:

Address:

City, ST, ZIP Code

Attn: Person to receive

Phone

Special Instruction:

Will the samples be returned (yes or no)

| Item Number | Item Description | Units | MAP | Retail Value |
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Retail Value Subtotal

Est COGS

Approved By:

Date:

Please share this filled document to david.dimeco@alessi.com

Alessi USA Showroom
 41 Madison Ave
 6th Floor
 New York , NY 10010 USA
 (By Appointment Only)

Alessi USA
 5 West 19th St
 10th Floor
 New York , NY 10011 USA
www.alessi.com

Alessi s.p.a. - Società Benefit
 Via Privata Alessi, 6
 28887 Crusinallo di Omegna (VB)
 Italy