



LANTRONIX SPARES REQUEST FORM

Field Sales Manager: _____

Inside Sales Manager: _____

Date: _____	Reseller: _____	End User: _____
Distributor: _____	Contact: _____	Contact: _____
Contact: _____	Address: _____	Address: _____
Address: _____	City/State: _____	City/State: _____
City/State: _____	Phone: _____	Phone: _____
Phone: _____	Fax: _____	Fax: _____
Fax: _____	E-mail: _____	E-mail: _____
E-mail: _____	Reseller Account # _____	Reseller Account # _____
Account #: _____		

SPARES REQUEST FORM: To be completed by Reseller Representative. **Do not** confirm authorization to your customer until you receive this form back with the Authorization Number. All **Pricing is in U.S. dollars**. All fields must be completed for approval.

Lantronix Part #	QTY	Lantronix use		
		Reseller Cost	Standard Disti Cost	Approved Disti Cost

Ship from Lantronix stock? Yes No

Ship from authorized distributor? Yes No

Application Details: _____

 Network Environment: _____

LANTRONIX APPROVALS: (Please use the Table of Authority)

LANTRONIX APPROVALS: (Please use the Table of Authority)	Authorization #	Date	
Field Sales Manager:			
Director of Sales:			
VP of Sales Approval:			

CUSTOMER APPROVAL: _____

Authorizations are effective through the expiration date. Call your Lantronix Representative if an extension is necessary. Return a copy of this form with your Debit and/or Proof of Sales documentation showing customer name, model #, Qty, and resale price. Please see attached policy and procedure for complete details.