Special Discount Pre-Approval Form

*Please complete and fax to **(714)572-8008** or mail to CLI, Inc., 580 S. Melrose St., Placentia, CA 92870*

Reseller Name: _____ Account #: _____

Address: _____

City:_____ State: _____ Zip: _____ Date: _____

Contact Name: _____ Title: _____

Phone: (_____)_____ Fax: (_____)_____ Email: _____

Customer (End User) Name: _____

Address: _____

City:_____ State: _____ Zip: _____ Contact Name: _____

Phone: (_____)_____ Fax: (_____)_____ Contact Title: _____

If competition exists, tell us which competitor(s) and their offers: _____

_____

Proposed Product Sales:

Model	Product Description	Unit Price	Quantity	Total
		$		$
			Total:	$

For CLI Use Only

( ) Approved ( ) Approved with Modifications ( ) Not Approved

Comments: _____

_____

CLI Authorized Signature: _____ Name:_____ Date: _____