



Manager: \_\_\_\_\_  
Region: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

## MANUFACTURER ALLOWANCE PROGRAM

### AUTHORIZATION TO RELEASE DATA (LOA)

To Whom it May Concern:

We \_\_\_\_\_ as indicated below, have authorized PRIME Services, Inc. to request from you, information as it relates to the purchase of products from your company to collect rebates on our behalf.

We would like to request that you provide to PRIME Services, Inc. regular and timely reporting of purchase transaction data (and other supporting information as necessary) for our facility.

An authorized representative of PRIME Services, Inc. will be contacting you to review the program and answer any questions you may have. I request that you extend full cooperation to PRIME Services, Inc..

Thank you for your support.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Distributor Address: \_\_\_\_\_

Distributor Account #: \_\_\_\_\_

Distributor Contact Name: \_\_\_\_\_

Please return completed form to: PRIME Services, Inc.  
6400 Sheridan Dr., Ste 112  
Williamsville, NY 14221  
Fax: 716-565-9428