



Manager: _____
Region: _____
Date Rec'd: _____

AUTHORIZATION TO RELEASE DATA

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 to: Kim Cogovan
PRIME Services, Inc.
6400 Sheridan Dr., Ste 112
Williamsville, NY 14221
Fax: 716-565-9428