



## Price Matching Opportunity Form

Requesting Company Name:

Requestors Name:

Requestors Phone Number:

Requestors Email:

---

Competitor Company Name:

Competitor Product Part Number:

Type of Product:

Price of Product (ea.):

Quantity purchased to get price:

Was this purchased within the last 60 days:      Yes                      NO

Do you have an invoice from competitor for this item:      Yes                      NO

(Must have invoice from competitor)

How much do you purchase throughout the year on average:

---

**Form must be completed for every item you want to price match.**