

<u>Customer:</u>	<u>Ind. Dist./Broker Policy</u>	<u>Details</u>	<u>Customer- Approved ID/Brokers*</u>
	<p>This is a sample.</p> <p>For the actual form contact the Supplier Quality Assurance Department for specific customer requirements.</p>		

NOTE 1; ABT ID/B Purchase Approval Request – PRF-021 must be completed by the Buyer for all Independent Distributor/Broker purchases.

Counterfeit Mitigation Process: Customer Broker Requirements Matrix

Revision History:

Revision	Date	Originator	Description of Change

Signatures:

Purchasing Manager _____ Date _____

Supplier Quality Assurance Manager _____ Date _____