



Turbo Annual Purchase History Form

(To be Completed by Distributor)

Pro Shop Name: _____

Owner/Manager: _____ e-mail: _____

Address: _____

Dear Distributor:

We are enrolling in the Turbo Xtreme Dealer Program which requires us to submit an annual purchase history record for Turbo brand finger inserts and thumb solids (EXCLUDING Switch Grip) vs. competitor brands. Please complete the following information on my behalf and send directly to Turbo; sales@turbogrips.com. Your help is appreciated and will help us complete program enrollment.

Authorized Signature (Pro Shop): _____ Date: _____

Our Distributor is: _____ Acct #: _____

Total Units Purchased (January – December, 12 month period)

Total Turbo Finger Inserts: _____ vs. Competitor Brands (ALL) _____

Turbo Purchase *Price*/Insert: _____ vs. Competitor Brand Insert _____

Total Turbo Thumb Solids: _____ vs. Competitor Brands (ALL) _____

Turbo Purchase *Price*/Solid: _____ vs. Competitor Brand Solid _____

This Report was Completed by: _____

Please e-mail completed for to sales@turbogrips.com

Questions? Please call 586-598-3948