

Request For Color Match



<p>Customer Please complete top section only.</p> <p>Send this form and physical sample to:</p> <p>SIMONA Boltaron Inc. Attn: Amy Durben One General St Newcomerstown, OH 43832</p> <p>*Critical Field</p>	<p>Contact Name : _____</p> <p>Company Name: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____ Country: _____</p> <p>Phone: _____ Email: _____</p> <p>Request Date:* _____ Date Required:* _____</p> <p>Boltaron Product:* _____ Texture:* _____</p> <p>Sample Included: YES <input type="checkbox"/> NO <input type="checkbox"/> Return Sample: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Match to: _____ Ref #/Desc: _____</p> <p>Product Application: _____</p> <p>End User: _____</p> <p>Potential Order Volume: _____</p> <p>Special Request/Restrictions/Comments: _____</p> <p>L*a*b* values: L* _____ a* _____ b* _____ Lighting Requirements (D65 _____ or other special requirements): _____</p> <p>Date Completed: _____ Color Assigned: _____ Texture: _____</p> <p>Supply Formed Part with Color Match: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If special color tolerances are not specified in comment field or special requests field we will defer to our S 079 Standard Extrusion Specification. This document is made available upon request.</p> <p>Sample Approved: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Comments if Color Not Approved: _____</p> <p>Signature: _____ Date: _____</p>
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Customer Approval

Sign and return this form to:
amy.durben@simona-group.com

Phone: 740.498.5900
SIMONA Boltaron Inc
Attn: Customer Service
One General St
Newcomerstown, OH
43832