COLOR MATCH REQUEST FORM

Date:

☐ Match (chips) ☐ Rematch

☐ Match & Sample ☐ Re-match & Sample ☐ Chips Qty: _____ ☐ Sample Qty: _____

Customer Name & Address:	Shipping Address: ☒ Same ☐ Third Party
Contact:	Contact:
Phone:	Phone:
Email:	Email:

Send Quotes to:	
Sales Rep:	

Rainbow Color Code	Customer Code	Color Name	LDR	Resin: ☐ Use Customer's ☐ Use House

Color Standard Description: _____

_____

Return Color Standard?
  ☐ Yes ☐ No

Part Thickness: ☐ _____ mils ☐ _____ inch

Final Application: _____
Additives: _____

☐ FDA	☐ Pellet Conc.	☐ CRITICAL	☐ Injection	☐ Opacity: Same As Std	
☐ Non-FDA	☐ Liquid Color	☐ Good Match	☐ Blow Mold	☐ Opaque @	
	☐ Dry Color	☐ Commercial	☐ Extrusion	☐ Translucent	
			☐ Other	☐ Transparent	

Misc. Notes:	
Special Instructions:	
Competitive Info:	

Additional Shipping Addresses: ☐ Chips Only ☐ Sample

Color Matcher Initials: _____