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Date:
 Schedule Date:

COLOR MATCH REQUEST FORM

Match Only Match & Sample Rematch Rematch & Sample Chips Only Sample Only

<input type="checkbox"/> Concentrate	<input type="checkbox"/> Dry Color	<input type="checkbox"/> Precolor	<input type="checkbox"/> Blended
Number of Chips:		Sample Size:	

Customer Name & Address:	Shipping Address: <input type="checkbox"/> Same <input type="checkbox"/> Third Party
Contact:	Contact:
Ph:	Ph:
Email:	Email:

Send Quotes to:	
Sales Rep:	

Rainbow Color Code	Customer Code	Color Name	LDR	Resin

Color Standard:
 Return Standard: Yes No
 Part Thickness:

Resin: House Customer
 Date Requested:

Supplier: _____
 Description: _____

Final Application:
 Additives:

Molding Type: <input type="checkbox"/> Injection <input type="checkbox"/> Blow Molding <input type="checkbox"/> Extrusion <input type="checkbox"/> Other:

<input type="checkbox"/> FDA	<input type="checkbox"/> CRITICAL	<input type="checkbox"/> AS STANDARD
<input type="checkbox"/> NON-TOXIC	<input type="checkbox"/> GOOD MATCH	<input type="checkbox"/> OPAQUE
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TRANSLUCENT
		<input type="checkbox"/> TRANSPARENT

Misc. Notes:	
Special Instructions:	
Competitive Info:	

Required Date:

Color Matcher Initials: _____

Additional Shipping Addresses: <input type="checkbox"/> Chips Only <input type="checkbox"/> Sample