



Color Match Approval Form

** Must reply within 15 days **
Please fax this form back to (828) 428-9970

Date: ____/____/____ SO#:

Customer:

Contact/Rep:

Part #:

Description:

Please rate the overall closeness of your match on a scale of 1-10

| | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|----|-------------|
| No Match | | | | | | | | | | Exact Match |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Did this match meet your requested Sheen? ___ Yes ___ No

If your match is not approved please rate the following aspects of the color, on a scale of 1-10, to better help us achieve your exact match:

| | | | | | | | | | | | |
|-------------|------------|---|---|---|---|-----|---|---|---|----|------------------|
| | Not enough | | | | | N/A | | | | | Extremely Dark |
| Too Dark: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Not enough | | | | | N/A | | | | | Extremely Light |
| Too Light: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Not enough | | | | | N/A | | | | | Extremely Red |
| Too Red: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Not enough | | | | | N/A | | | | | Extremely Yellow |
| Too Yellow: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Not enough | | | | | N/A | | | | | Extremely Blue |
| Too Blue: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Approved

Not Approved

Approved By: _____ Date Approved: _____

Sales Rep

Customer

Additional Information: _____