



Title: **Special Color Matches**

Owner: Color Specialist
Approver: Manager of QC

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In order to service both you and your customers more efficiently, please obtain the following information. Submit the information either verbally or in writing with EACH sample to be matched.

Date Submitted: _____ Your Pecora Sales Representative: _____

1. Pecora Product: (**circle one**) 864NST, 890NST, 890 FTS, 895NST, 896, AC-20, DII, Dynatred, **Other (specify)** _____

2. Type of sample enclosed to match: (i.e. metal, brick, etc.) _____

3. Customer desired color name or project name _____

4. Project reference and location: _____

5. Distributor (name, address and phone number)

6. Contractor (name address and phone number)

7. Submit cured samples for approval? YES NO

Cured Samples Qty: _____

Wet Samples Qty: _____

If YES: Send to Contractor: (Attention: _____)

Send to Distributor: (Attention: _____)

How should the sample be sent?

UPS 2nd Day (Standard): _____

UPS Next Day (Account Number: _____)

Federal Express (Account Number: _____)