PECORA CORPORATION

Title: **Special Color Matches**

Owner: Color Specialist
Approver: Manager of QC

Doc. Revision Date: 06/26/24
Doc. Issue Date: 06/2002
Doc. No. 7F94
Doc. Type: Form

Date Submitted: _____ Pecora Sales Representative:_____

Phone Number:_____ Email Address:_____

In order to service both you and your customers more efficiently, please complete the following information for **EACH** sample that is to be matched.

1. Pecora Product: (i.e. 864NST, AC-20, D1-XL) _____
2. Type of sample enclosed to match: (i.e. metal, brick, etc.) _____
3. Description of the specific area to be matched: color, side, spot, etc.

   _____

   - Do not cover area to be matched with marker
4. Customer desired color name or project name: _____
5. Project reference and location: _____

   _____
6. Distributor (name, address and phone number)

   _____

   _____

   _____
7. Contractor (name address and phone number)

   _____

   _____

   _____
8. 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: _____)