



PRECISION
COLOR COMPOUNDS

MATCH REQUEST FORM

CUSTOMER NAME		DATE
ADDRESS		EMAIL
CITY		PHONE
STATE	ZIP	CONTACT NAME

Please Select:

Concentrate	<input type="checkbox"/>	Pre-color	<input type="checkbox"/>	Dry Color	<input type="checkbox"/>
COLOR NAME					

END USE RESIN/GRADE	DESIRED LET DOWN RATIO
---------------------	------------------------

Please complete all **available** information:

Check all that apply:

FORMULA REQUIREMENTS:	FDA	<input type="checkbox"/>	REACH	<input type="checkbox"/>	ROHS	<input type="checkbox"/>
SPECIAL ADDITIVES						

(Outdoor UV, Anti-Stat, Talc, etc...)

MATCH ACCURACY	COMMERCIAL	<input type="checkbox"/>	CRITICAL VISUAL	<input type="checkbox"/>	DE TOLERANCE	<input type="checkbox"/>
----------------	------------	--------------------------	-----------------	--------------------------	--------------	--------------------------

(List Tolerance if applicable)

Check Yes or No:

Customer Supplied Resin?	Yes	No	Customer Supplied Part?	Yes	No
			Return Part ?	Yes	No
Chips Required?	Yes	No	Production Sample Required?	Yes	No
			If (yes) How many pounds ?	#	

Quantities to Quote:

COMMENTS:

(Internal Use Only)

Quote ID	
Product Code	Authorized By:
Date Received	Date