MATCH REQUEST FORM

CUSTOMER NAME			DATE
ADDRESS		EMAIL	
CITY		PHONE	
STATE	ZIP	CONTACT NAME	

Please Select:

Concentrate		Pre-color		Dry Color	
COLOR NAME					

END USE RESIN/GRADE		DESIRED LET DOWN RATIO	

Please complete all **available** information:

Check all that apply:

FORMULA REQUIREMENTS:		FDA		REACH		ROHS	
SPECIAL ADDITIVES							

(Outdoor UV, Anti-Stat, Talc, etc…)

IS THIS FOR A MEDICAL DEVICE:		YES		NO		UNSURE	
DESCRIPTION OF DEVICE:							

MATCH ACCURACY	COMMERCIAL		CRITICAL VISUAL		DE TOLERANCE	

(List Tolerance if applicable)

Check Yes or No:

Customer Supplied Resin?	Yes		No		Customer Supplied Part?	Yes		No	
Chips Required?	Yes		No		Return Part ?	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