Request For Color Match

SIMONA boltaron

Customer

Please complete top section only.

Send this form and physical sample to:

SIMONA Boltaron Inc.
Attn: Amy Durben
One General St
Newcomerstown, OH
43832

***Critical Field**

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Email: _____

Request Date:* _____ Date Required:* _____

Boltaron Product:* _____ Texture:* _____

Sample Included: YES ☐ NO ☐ Return Sample: YES ☐ NO ☐

Match to: _____ Ref #/Desc: _____

Product Application: _____

End User: _____

Potential Order Volume: _____

Special Request/Restrictions/Comments: _____

SIMONA Boltaron Use Only

L*a*b* values: L* _____ a* _____ b* _____ Lighting Requirements (D65 or other special requirements): _____

Date Completed: _____ Color Assigned: _____ Texture: _____

Supply Formed Part with Color Match: YES ☐ NO ☐

If special color tolerances are not specified in comment field or special requests field, we will defer to our S 079 Standard Extrusion Specification, PR-003 Standard Press Specification and C-003 Standard Calender Specification. These documents are made available upon request.

Customer Approval

Sign and return this form to:
amy.durben@simona-group.com

Phone: 740.498.5900
SIMONA Boltaron Inc
Attn: Customer Service
One General St
Newcomerstown, OH
43832

Sample Approved: YES ☐ NO ☐

Comments if Color Not Approved: _____

Signature: _____ Date: _____