



Title: **Special Color Matches**

Owner: Color Specialist  
Approver: Manager of QC

Doc. Revision Date: 9/7/2011  
Doc. Issue Date: 06/2002  
Doc. No. 7F94  
Doc. Type: Form

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 2<sup>nd</sup> Day (Standard): \_\_\_\_\_)

UPS Next Day (Account Number: \_\_\_\_\_)

Federal Express (Account Number: \_\_\_\_\_)