

Customer Name:

Build Bolder.

Color Match Request Form

Date:

Contact Name:			Shipping Address:	
Email:				
Phone Number:				
Project Name:			Project Location:	
Product:			Application:	
Total Quantity on Project (sqft):			Has Project Been Quoted:	
	Color #1		Color #2	Color #3
Color Reference:				
Total Quantity by Color (sqft):				
Paint System:				
Finish:				
AAMA Specification:				
Warranty Required:				
Substrate:				
Gloss Level:				
Color Sample Submitted:				
If more than 3 different color matches are required, please complete a second request form.				
Submittal Requests (Architect, General Contractor, etc.):				
#1 Number of Samples:	ŧ	#2 N	umber of Samples:	
Company:		С	ompany:	
Attention:		A	ttention:	
Shipping Address:		S	hipping Address:	
Phone Number:		P	hone Number:	

Please submit all CMR forms to Kali McMillian via email, kali.mcmillian@arconic.com. All physical samples to be matched are to be submitted with a copy of CMR form to the Hoover Architectural Solutions, LLC address below, Attention - Kali McMillian. Please provide shipment tracking number with email, if applicable.

DISCLAIMER

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