



SPECIAL COLOR REQUEST FORM

Date Of Request: _____

Company Name: _____

Contact Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

RETURN SAMPLE TO FOLLOWING ADDRESS (IF DIFFERENT FROM ABOVE):

Address: _____

City, State, Zip: _____

PRODUCT(S) FOR COLOR MATCH REQUEST (*Your request CANNOT be processed without this information*):

Sample # 1 Product(s): _____

Sample # 2 Product(s): _____

All Samples Product(s): _____

Is A Sample Required for Approval? Yes No

If Yes, Number Of Samples (maximum 6): _____

Waive Color Match Approval? Yes No

Comments: _____

CANADIAN CUSTOMERS-Send Sample To:
Tremco Canada Division
Attn: Customer Service
215 Wicksteed Ave.
Toronto, Ontario
M4H-1G7

U.S. CUSTOMERS-Send Sample To:
Tremco Inc.
Attn: Sealants Customer Service
3735 Green Road
Beachwood, Ohio
44122