



LCMS – LIMEWASH COLOR MATCHING SERVICE

Request Form

**Please enclose this form with material sample(s) representing the color to match.
All information on this form must be provided prior to commencement of service.**

Customer Information

Name _____ Company _____

Phone _____ Fax _____ Email _____

Address _____ Suite/Apt. # _____

City _____ State _____ Zip _____

Sample Information

Project Address/Description: _____

Number of Samples to Match: _____ Collection Tag Numbers: _____

Details/Notes/Special Requests: _____

Service Information

SCMS Fee is \$99 per match, per sample (additional LCMS fee will apply for match sample changes and color variations)

Payment Information

 (Your credit card will be charged on the date the order was received)

Check enclosed__ OR Bill to Company Account__OR

Visa/MasterCard/Amex # _____ Exp. Date _____

Name on card _____

Amount to be charged to card \$ _____

Authorized Signature of Cardholder Required _____

Shipping Information

 Deliveries to P.O. Boxes not available

Name _____ Company _____

Phone _____ Fax _____ Email _____

Address _____ Suite/Apt. # _____

City _____ State _____ Zip _____

Office use only: DO NOT WRITE BELOW THIS LINE Project #

Sample received _____	Match competed _____	Expert review _____
Payment verified _____	Sample prepared _____	Sample shipped _____