



Package D – Composition and Color Matching

FOR REPOINTING

Request Form

Please enclose this form with mortar sample(s) representing the material 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 _____

Mortar Information

Project Address: _____

Original date of construction _____ and width of mortar joint: _____

Sample Surface to Match (circle one): WEATHERED EXTERIOR or UNWEATHERED INTERIOR

Service Fee Information

SCMS Fee is \$255 **per match, per sample** (additional fee will apply for match sample changes and color variations)

Payment Information

 (Your credit card will be charged on the date the order is 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 _____