



SUNSHINE
 SUPPLY COMPANY
 INCORPORATED

Custom Color Approval Form

Company Name: _____

Name of Requestor: _____

Product Name: _____

Product Base _____

Date of Production: _____

Color Name : _____

Color Number: _____

Color Formula: _____

Color Match Generated by: _____

Job Name: _____

General Contractor: _____

Salesman Name _____

Salesman Number: _____

I understand that once the material has been tinted, it may not be returned or exchanged unless there is a material defect or unless the color does not match the approved color.

_____ (Date) _____ (Company Name)
 _____ (Company Representative) _____ (Signature)

San Diego	San Marcos	Anaheim	Ontario	Denver	Salt Lake City
4946 Naples Street	571 Twin Oakes Valley Rd.	1520 S. Harris Ct.	1531 S. Vineyard Ave.	4090 Dahlia Street	1750 S. 500 West #300
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