

Colour Match Form

Complete this section and submit completed form and sample to:

SEKISUI SPI
Attn: designLab™
Colour Development
6685 Low Street
Bloomsburg, PA 17815
designLab@sekisui-spi.com

Contact Name: _____
Company Name: _____
Address: _____ Country: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ Email: _____
KYDEX® Sheet Rep: _____
Date Required: _____ Formed Part Required?: Yes No

Product Type: <input type="checkbox"/>	KYDEX® T	<input type="checkbox"/>	KYDEX® 430	<input type="checkbox"/>	KYDEX® 6185	KYDEX® 7200ST
	KYDEX® T-LW	<input type="checkbox"/>	KYDEX® 510	<input type="checkbox"/>	KYDEX® 6200	KYDEX® FST2
	KYDEX® 100	<input type="checkbox"/>	KYDEX® 1900	<input type="checkbox"/>	KYDEX® 6200LT	KYDEX® XD
	KYDEX® 110	<input type="checkbox"/>	KYDEX® 2200LT	<input type="checkbox"/>	KYDEX® 6503	KYDEX® XD03
	KYDEX® 150	<input type="checkbox"/>	KYDEX® 2200LTU	<input type="checkbox"/>	KYDEX® 6513	KYDEX® XDWG
	KYDEX® 152WG	<input type="checkbox"/>	KYDEX® 4545	<input type="checkbox"/>	KYDEX® 6565	Other: _____
	KYDEX® 160	<input type="checkbox"/>	KYDEX® 5555	<input type="checkbox"/>	KYDEX® 6565HI	

Anticipated Thickness*:	<input type="checkbox"/>	0.71mm (0.028")	<input type="checkbox"/>	2.03mm (0.080")	<input type="checkbox"/>	3.96mm (0.156")	<input type="checkbox"/>	9.52mm (0.375")	
<small>*CMR lab samples will not reflect actual thickness requested.</small>		<input type="checkbox"/>	1.02mm (0.040")	<input type="checkbox"/>	2.36mm (0.093")	<input type="checkbox"/>	4.75mm (0.187")	<input type="checkbox"/>	12.70mm (0.500")
		<input type="checkbox"/>	1.52mm (0.060")	<input type="checkbox"/>	3.18mm (0.125")	<input type="checkbox"/>	6.35mm (0.250")	<input type="checkbox"/>	Other: _____

Anticipated Texture:	<input type="checkbox"/>	P-3 Velour Matte	<input type="checkbox"/>	P-A Polished	<input type="checkbox"/>	P-E Smooth Nap	<input type="checkbox"/>	P-8 Suede	
<small>(If this choice is left blank, P-3 will be matched.)</small>		<input type="checkbox"/>	P-1 Haircell	<input type="checkbox"/>	P-K Cashmere	<input type="checkbox"/>	P-H Seville	<input type="checkbox"/>	P-C Level Haircell
			Other: _____						

End Use: _____

Estimated Project Volume: _____ kg _____ lbs _____ m² _____ ft²

Will you be sending physical samples for matching purposes? Yes No Return sample? Yes No

How will the colour be approved? Visual assessment Spectral

If spectral assessment, what is the primary light source? Cool White Daylight Other: _____

Description of Colour Submission / Cross References:

Special Requests / Comments:

Gauges vary by product. Texture availability is dependent on gauge. Colour match samples are for visual reference, not for test purposes.

Submitting your form:

Electronically: When your form is complete, save a copy of it to your computer and email it to us. Open the form, select 'File' then 'Attach to Email'. If you have a default email program such as Outlook, your system will prompt you to attach the file. If you do not have a default email program, manually open your email program and attach the file.

By post: When your form is complete, save a copy to your computer. To submit your form, please print and either mail or fax to the designLab™, using the contact information above, left.

Internal Use Only:	Colour Match Number: _____	Date Request Received: _____
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SEKISUI SPI
Customer Service
6685 Low St, Bloomsburg, PA 17815 USA
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Fax: 800.452.0155, +1.570.387.7786
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