CUSTOM COLOR REQUEST FORM



Step 1: Complete Below Fields

CONTACT INFORMATION	PROJECT INFORMATION		
Business Name:	Job Name or PO#:		
City:	PRODUCT TYPE (CHECK ALL THAT MAY APPLY)		
Contact Name:	·		Trim
Phone Number:		otaon.	
Email Address:	TEXTURE	D 1 10	
SAMPLE REQUEST DATE	Cedar	Brushed Smoo	oth
SHIP SAMPLE TO	NOTES		
Name:			
Street Address:			
City, State, ZIP:			
Stan 2: Submit Farm 9 Sample			
Step 2: Submit Form & Sample			
Mail in the sample and completed Custom Color Requipment Lab 7102 Commerce Dr. Schofield, WI 54476 NOTE: Sample size must be 2" x 2" minimum to ensur Paint Lab Use Only Sample Order#: Color Name: Color Name:	e an accurate color	- _ Color # _ Color #	
Color Name:		_ Color #	:
Step 3: Approval Signature			
Sign and include with order after approving color mar Please do not sign until after receiving and approving	•	ample.	
Customer Signature:		Date:	
I approve color match items to be pre-finished in Diamond Kote [*] ar times and the Diamond Kote [*] 30-Year No Fade Limited Warranty. C	d all terms as stated abo		

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refundable. Due to the unique nature of our paint process, our color sample provided will be as close to your sample as possible.

Custom Color is not available in two tones and stain match.