



# 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 _____