



Submitted By Date Submitted Requested Completion Date

General	CONTACT INFO			
	Company Name	<input type="text"/>	Ship To Address	<input type="text"/>
	Contact Name	<input type="text"/>	City, State, Zip	<input type="text"/>
	Email Address	<input type="text"/>	Phone Number	<input type="text"/>

Process	PROCESS DETAILS			
	Match Type	New Match	ReMatch	Resin Type <input type="text"/>
	If Rematch (RG Part #)	<input type="text"/>		Resin Name/ID <input type="text"/>
	Customer Desc / Part ID	<input type="text"/>		Resin Temp <input type="text"/>
	End Use	<input type="text"/>		Customer Resin for Match? Yes No
	Location	Indoor	Outdoor	Customer Resin for Production? Yes No
	Production Process	Injection Molding	Blow Molding	Extrusion Other <input type="text"/>
	Expected Resin Usage Volume (lbs)	<input type="text"/>		

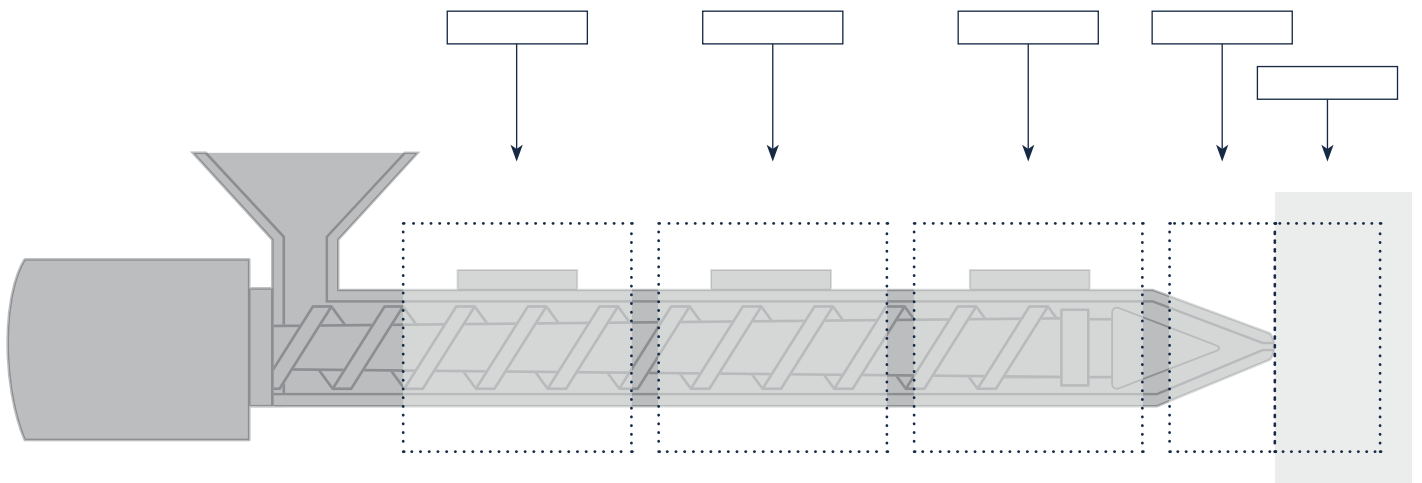
Match Details	STANDARD INFO			
	Standard Type	Customer Part	Concentrate/MB	PMS (if yes # <input type="text"/>) Other <input type="text"/>
	If PMS or Other	Surface finish	Gloss	Matte
		Opacity	Opaque	Translucent Transparent
		Part Thickness	<input type="text"/>	Units <input type="text"/>
	Return Standard	Yes No	If yes, Give Address	<input type="text"/>
	COLOR REQUIREMENTS			
		Close Visual (≤ 2.0)	Good (≤ 1.0)	Critical (≤ 0.5)
	Max QC Tolerance (dE)	<input type="text"/>	QC Requests	<input type="text"/>
	Spectral Method	CIE LAB	CMC	Other <input type="text"/>
Primary Light Source				
	Incandescent	D65	CWF LED Other <input type="text"/>	

Additional Requirements	REQUIRED REGULATORY COMPLIANCES			
	FDA	EU Food Contact	REACH	Prop 65 Other <input type="text"/>
	ADDITIVE REQUIREMENTS			
	Requested Additive Package			
	Antioxidant	Heat Stabilizer	Slip Agent	Antistatic
	Flow Modifier	Mold Release	Blowing/Foaming Agent	Nucleating
	Laser Marker	+Restore	UV Light Stabilizer (if yes, # of years <input type="text"/>)	
	UV Absorber	Other	<input type="text"/>	
	COMMENTS			
	<input type="text"/>			



Temperature Zones

Color Match Request Form |



COMMENTS

Temperature