

Proof Approval Form

Your Immediate Reply Is Requested.

Purchase Order Number _____

Company Name _____

Dear _____

Please examine the following: (*email, fax, product proof*). We cannot proceed with your order without a written or emailed response on each item below:

Please check the boxes below:

Spelling and Typestyle approved	Yes	No
Layout and Positions approved	Yes	No
Color Approved	Yes	No
(** Note in some instances we cannot guarantee and exact PMS color match.)		
Imprint Method	Yes	No
Ship Date of _____ Approved	Yes	No
Expected Delivery Date of _____	Yes	No

Please complete the following and return this form to us via email or fax

Our email is -

Our fax # -

Proof approved as is

Proof approved with changes (make notations below)

Send a new proof

Additional comments or changes:

Signature _____

Date _____