

Colour Match Request Form

COMPLETE THIS FORM & SUBMIT TO:

SEKISUI KYDEX, LLC
ATTN: designLab[®]
Colour Development
4411 Old Berwick Road
Bloomsburg, PA 17815
designLab@kydex.com

CONTACT NAME: _____
 CUSTOMER CONTACT _____
 COMPANY NAME: _____
 ADDRESS: _____ COUNTRY: _____
 CITY: _____ STATE: _____ POSTAL CODE: _____
 PHONE: _____ EMAIL: _____
 SEKISUI KYDEX REP: _____
 DATE REQUIRED: _____

PRODUCT SERIES: ALLEN[®] 2000 Standard ABS ALLEN[®] 4000 FDA ABS ALLEN[®] 5000 ASA/ABS Weatherable
 ALLEN[®] 6000 Acrylic/ABS ALLEN[®] 8000 PC/ABS ALLEN[®] 9000 ALEXTRA[®] & PC
 ALLEN[®] 3000 TPO

PRODUCT: _____

PRODUCT TYPE: Interior (light stable) Exterior (weatherable)

END USE:
 (e.g., tractor hood, bus interior)

FDA	Yes	No	METALLIC EFFECT	Yes	No
UV FILM REQUIRED	None		High gloss clear	Low gloss clear	Ultra low gloss clear
UL REQUIRED	Yes	No	UL TYPE	HB94	VO

PROJECT NAME: _____

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

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 only, not for test purposes. Samples will not reflect actual production sheet thickness, gloss, or texture.

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 send to the designLab[®], using the contact information above, left.

INTERNAL USE ONLY COLOUR MATCH NUMBER: _____ DATE REQUEST RECEIVED: _____



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