Colour Development Request Form

designLab® KYDEX® THERMOPLASTICS

COMPLETE THIS FORM & SUBMIT TO:

SEKISUI KYDEX, LLC
ATTN: designLab®
Colour Development
4411 Old Berwick Road
Bloomsburg, PA 17815

designLab@kydex.com

SPI MATCH ID: _____ CAP: _____ SUBSTRATE: _____ DATE: _____

COLOUR HOUSE ID: _____ CAP: _____ SUBSTRATE: _____

COLOUR SUPPLIER: _____

REQUESTED BY/REGIONAL BUSINESS MANAGER: _____ _____

CUSTOMER CONTACT: _____

CUSTOMER NAME: _____

SEND TO ADDRESS: _____ _____

DATE REQUIRED BY: ☐ 7-10 Business days ☐ Other: _____

TARGET SUPPLIED: ☐ Yes ☐ No Pantone #: _____ RAL #: _____

Other #: _____

COLOUR NAME: _____

CAP RESIN _____ ☐ Metallic ☐ ABC Match

SUBSTRATE RESIN: _____ ☐ Metallic ☐ ABC Match

UV PROTECTIVE FILM: ☐ Yes ☐ No TYPE: _____

FINAL PRODUCT USE: _____

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

UVI PACKAGE REQUIRED: ☐ Cap ☐ Substrate

LIGHT SOURCE: ☐ D65 ☐ CWF ☐ Both ☐ Other: _____

ADDITIONAL COMMENTS:

All colour matches to be CRITICAL tolerance unless stated otherwise in "additional comments".
All matches to be OPAQUE — if not achievable contact SPI for direction of match.
Let down ratio to be 25:1 — if not achievable contact SPI for direction of match.

SPECIAL REQUIREMENTS: ☐ FDA ☐ UL UL TYPE: ☐ HB94 ☐ V0

ON COMPLETION OF DEVELOPMENT: 12 colour chips required • Quotation • Return target sample • Return this form

CHIP LABEL DATA (CAP RESINS ONLY): Always include (in this sequence): "Colour #, Colour name, LDR, Date Produced, SEKISUI SPI"

Product Group: _____

SEKISUI KYDEX

Customer Collaboration
6685 Low St, Bloomsburg, PA 17815 USA
Phone: 800.325.3133, +1.570.389.5810
Email: info@kydex.com

appLab™
Phone: 800.682.8758
+1.570.387.6997
Email: applab@kydex.com

kydex.com

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