

Spectrem® Simple Seal Custom Color Request Form

Date of Requ	est:		
Company Na	me:		
Contact Nam	e:		
Phone Numb	er:		
Address:			
City, State, Zi	p:		
Return Samp	le to Following Address (if differe	nt from above)	
Address:			
City, State, Zi	p:		
Product(s) fo	or color match (Your request CANN	IOT be processed with	out this information):
Sample #1	Product(s):		
Sample #2	Product(s):		
All Samples	Product(s):		
Is a sample re	equired for approval? Yes 🗆	No □	
If yes, please	list number of samples (max 6):		
Waive color i	match approval? Yes ☐ No		
Comments:			

Send Sample(s) to:

Tremco Sealex Attn: Color Match Lab 8850 Moeller Dr., Harbor Springs, MI 49740