

KOROSEAL CUSTOMER APPROVAL FORM
TAC-WALL SHAPES - CUSTOM CUTTING PROJECT



Date: _____ Number of pages: _____

To: _____

Company: _____

Phone: _____ Email: _____

RE PO#: _____

Project: _____

To ensure the most precise execution of your project, your approval of the following shop drawing is required. Please compare our drawing and previously provided quote with your plans to see if we have properly interpreted the information sent to us. Please contact us immediately if any changes are to be made. If the drawings are correct, please sign and date the shop drawings and email them back to customerservice@koroseal.com ASAP. Upon receipt of your approval, we will proceed with your project.

Please complete this checklist for our mutual benefit.

All boxes must be checked before we can proceed with your project.

- | | |
|---|--|
| <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Colors and Location |
| <input type="checkbox"/> Number of Colors | <input type="checkbox"/> Dimensions |
| <input type="checkbox"/> Correct Artwork | <input type="checkbox"/> Quantity |

Your Signature indicates your approval of the shop drawings provided for this project by Koroseal Interior and indicates your approval of all the items listed in the above checklist. You also accept responsibility for any additional cost incurred due to changes made subsequent to your signing of this approval.

Signature: _____ Date: _____

Thank you for your cooperation.