



CUSTOM PRINT PROJECT PROFILE SHEET

All information on this form must be completed in order to initiate the project and establish firm pricing. Fax both pages to Customer Service 803-943-7418, Attn: Bill Bennett.

Job Name:	_____
Design Firm:	_____
Address:	_____

Phone:	_____ Email _____
Contact:	_____

Fabricator:	_____
Address:	_____

Phone:	_____ Email: _____
Contact:	_____

Bill to:	_____
Address:	_____

Phone:	_____ Email: _____
Contact:	_____

Ship to:	_____
Address:	_____

Phone:	_____ Email: _____
Contact:	_____

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Product Application: _____

Number of sheets required: _____

Required delivery date: _____

Sizes: _____

Background image, Nevamar pattern or Pantone match:

Image size: _____

Image repeats/sheet: _____

Type of digital file format: _____

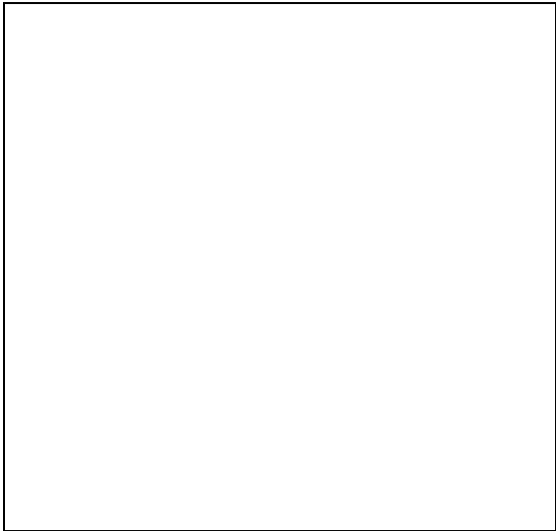
Graphic designer responsible for file: _____

Phone: _____ E-mail: _____

If image does not exist on digital file what is the target? (Attach a sample of target, 12"x12" minimum size)

Sketch the image(s) as they would appear on a sheet of laminate. Note orientation on the sheet, scale, direction and repeat if any.

Example:



All information on this form must be completed in order to initiate the project and establish firm pricing. Fax both pages to Marketing 410.551.0357 Attn: John Friedel. Questions? Call John at 410.519.2025 or 800.638.4380