Colour Development Request Form

designLab® ALLEN® THERMOPLASTICS

COMPLETE THIS FORM & SUBMIT TO:

SEKISUI KYDEX, LLC
ATTN: designLab®
Colour Development
1305 Lincoln Hwy
Holland, MI 49423

designLab@kydex.com

ALLEN® MATCH ID: **CAP:** _____ **SUBSTRATE:** _____ **DATE:** _____

COLOUR HOUSE ID: _____

COLOUR SUPPLIER: _____

REQUESTED BY/REGIONAL BUSINESS MANAGER:

CUSTOMER CONTACT: _____

CUSTOMER NAME: _____

SEND TO ADDRESS:

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

EORI # : _____
REQUIRED FOR EU ONLY

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 KYDEX for direction of match.
Let down ratio to be 25:1 — if not achievable contact KYDEX 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 KYDEX"

Product Group: _____

SEKISUI KYDEX

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