

COMPLETE THIS FORM & SUBMIT TO:

SEKISUI KYDEX, LLC
 ATTN: designLab®
 Color Development
 1305 Lincoln Hwy
 Holland, MI 49423
 Color-Holland@kydex.com

REQUESTED BY/REGIONAL BUSINESS MANAGER: _____

CUSTOMER CONTACT: _____

CUSTOMER NAME: _____

SEND TO ADDRESS: _____

Standard lead time is 7-10 Business days

Other: _____

EORI # : _____

REQUIRED FOR EU ONLY

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

Other #: _____

COLOR 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.



Customer Collaboration

1305 Lincoln Hwy, Holland MI 49423
 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

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: _____