

APPROVAL TICKET

Job / Quote #: _____ Job Name: _____

This form is to acknowledge customer approval of the following for said job:

- Strike-Off
- Mock-Up
- Other (please specify) _____

- APPROVED AS SUBMITTED
- APPROVED WITH REVISIONS (please itemize revisions on a separate sheet)
- NOT APPROVED / RESUBMIT

A NOTE ABOUT STRIKE-OFFS: Please review strike-off approvals carefully as strike-offs accurately represent the look and feel of the final product. This includes the technique and layout of the artwork, the final scale and size of the design, the final colors of the product, and the final substrate selection.

Due to differences in substrates, variances in lighting conditions (from the production room to the installation space), and technological limitations associated with digital printing, "perfect color matching" is not necessarily achievable. 4walls.com color tolerances meet or exceed commercially acceptable standards. The 4walls.com production staff will achieve the colors that you request as closely as possible within the current limitations of technology.

4walls.com will retain strike-off standards for a period of one year from date of origin. Strike-off standards older than one year will be discarded.

Signature _____ Date _____

Name Printed _____ Title _____

Please return this completed form to:
Contract Support Account Manager
Phone: 216.432.1400 x.122
Fax: 216.432.1500
Email: contractsupport@4walls.com