



Date: \_\_\_\_\_

Phone Model: TeleMatrix 2702MWD5 \_\_\_\_\_

Hotel Name: \_\_\_\_\_

Hotel Number: \_\_\_\_\_

Hotel Fax: \_\_\_\_\_

Material: Clear Overlay

FP Quantity: \_\_\_\_\_

Approved  Not Approved

X  
Signature of Approval Required \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ PO# \_\_\_\_\_

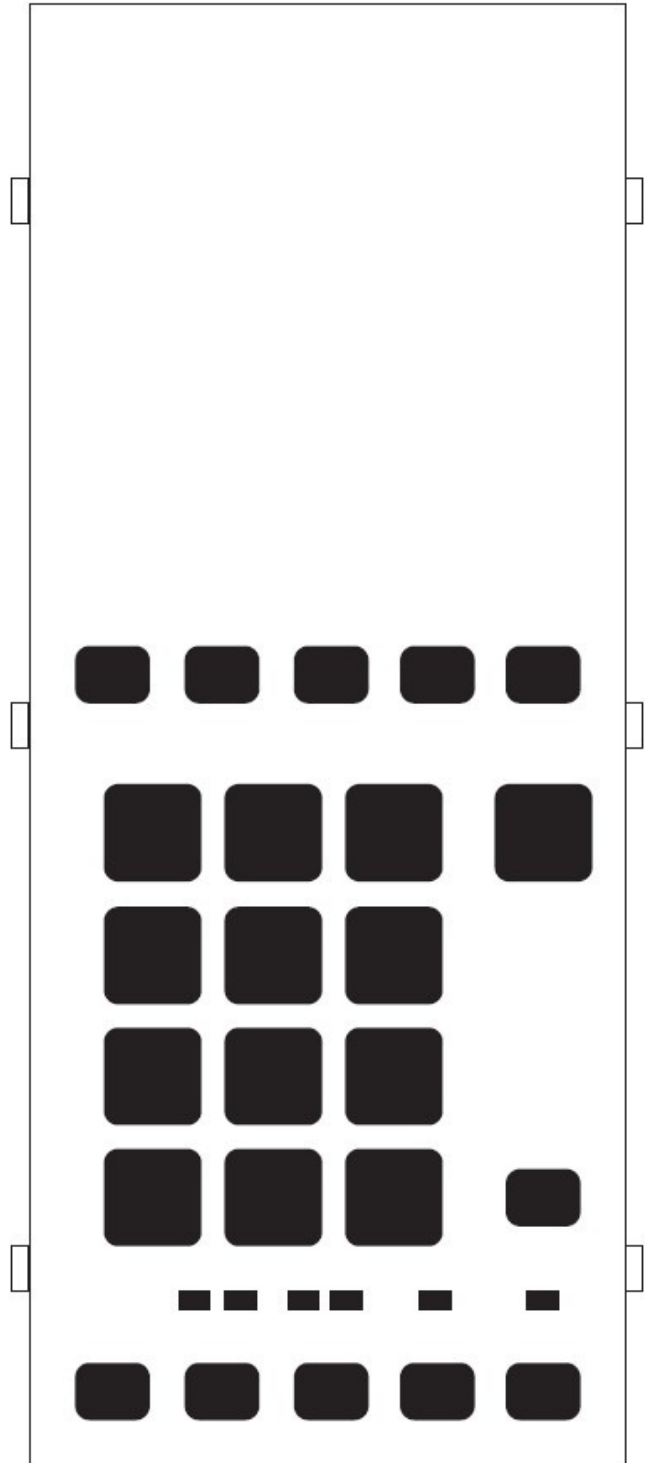
If Not Approved, mark changes on faceplate  
or note them below.

ALL CHANGES MUST BE SUBMITTED IN WRITING.

E-MAIL: FACEPLATES@RIDGEWAYINC.COM

FAX: 901-312-3434

Signature of Approval is required



NOT ACTUAL SIZE / JUST A PROOF