



Date: _____

Phone Model: TeleMatrix 2702MWD _____

Hotel Name: _____

Hotel Number: _____

Hotel Fax: _____

Material: Clear Overlay

FP Quantity: _____

Approved Not Approved

X
Signature of Approval Required _____

Print Name _____

Date _____ PO# _____

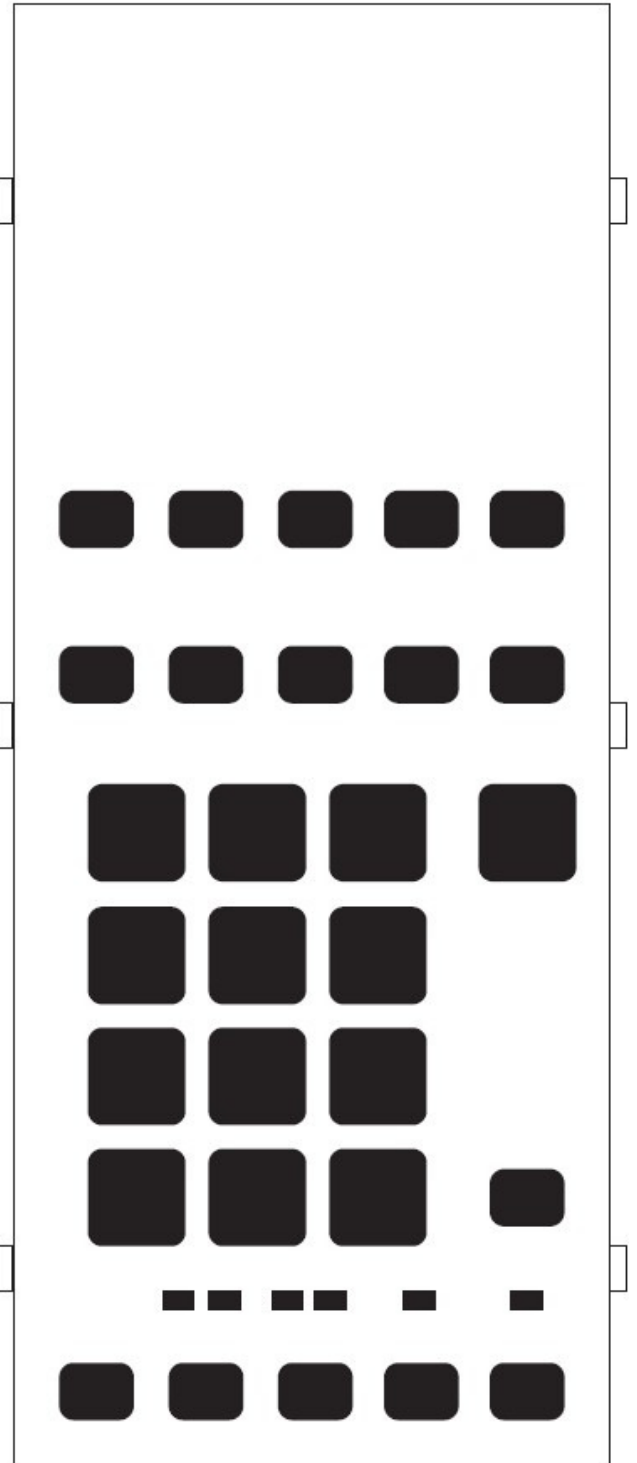
If Not Approved, mark changes on faceplate or note them below.

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