

PAINT MATCH SAMPLE SUBMISSION



DATE

CUSTOMER INFORMATION (RETURN SAMPLE TO)

| | | | | |
|--|---|--------------------------------------|-------------------------------|-----------------------------|
| DEALER NAME <input type="text"/> | REPRESENTATIVE NAME <input type="text"/> | ORDER NUMBER <input type="text"/> | | |
| SCHOOL/INSTITUTION <input type="text"/> | | | | |
| CONTACT NAME <input type="text"/> | | | | |
| PHONE <input type="text"/> | EMAIL <input type="text"/> | | | |
| SHIPPING ADDRESS <input type="text"/> | APT/STE/OTHER <input type="text"/> | CITY <input type="text"/> | STATE <input type="text"/> | ZIP <input type="text"/> |
| SPECIAL INSTRUCTIONS <input type="text"/> | | | | |

INSTRUCTIONS

- 1** COMPLETE this form. Place a copy of the form and sample to be matched in box.
- 2** CLEARLY mark the outside of the package with: PAINT MATCH COLOR SAMPLE
- 3** SHIP your package to:

LIGHT Helmets
Attn: Paint Match
5670 El Camino Real, Ste C
Carlsbad, CA 92008
- 4** EMAIL a copy of your completed form and tracking number to: info@lighthelmets.com

