

# PAINT MATCH SAMPLE SUBMISSION

**LIGHT**  
HELMETS

DATE

## CUSTOMER INFORMATION (RETURN SAMPLE TO)

DEALER NAME	REPRESENTATIVE NAME	ORDER NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
SCHOOL/INSTITUTION				
<input type="text"/>				
CONTACT NAME				
<input type="text"/>				
PHONE	EMAIL			
<input type="text"/>	<input type="text"/>			
SHIPPING ADDRESS	APT/STE/OTHER	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 B**  
**Carlsbad, CA 92008**
- 4** EMAIL a copy of your completed form and tracking number to: [inquiry@lighthelmets.com](mailto:inquiry@lighthelmets.com)

