

COLOUR MATCH REQUEST

CMR 7-000

INITIATOR: _____ DATE INITIATED: _____

DATE REQUIRED: _____ COLOUR: _____

CUSTOMER: _____

CONTACT: _____

ITEM MATCHED: _____

APPLICATION: _____

COMMENTS: _____

COMPETITOR: _____ CODE: _____

END POLYMER: _____ PRICE: _____

CARRIER REQUIRED: _____

PROCESS: INJ EXT BLOW FILM ROT
OTHER _____

PROCESS CONDITIONS: BARREL TEMP: _____
CYCLE TIME: _____
RESIDENCE TIME: _____

FOOD CONTACT: YES NO

LIGHT FASTNESS: POOR GOOD V.GOOD

UV REQUIREMENTS: YES NO LEVEL: _____

SAMPLE REQUIRED: C/CHIP: _____
Lab M/B: _____
BATCH: _____

CODE: _____

RM COST: _____