

# Viela® Sample Request Form

Date request made: \_\_\_\_\_ Date samples needed by: \_\_\_\_\_

Project Designation (for your reference): \_\_\_\_\_

Your name: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Please send the following Viela® samples:  
Types of finishes:

One color Finishes:

Color # \_\_\_\_\_

(Note: This results in a single color sample. Reference paint chip # and name of national manufacturer).

Multiple color Finishes:

Color 1 # \_\_\_\_\_ % of sample seen in this color

Color 2 # \_\_\_\_\_ % of sample seen in this color

Color 3 # \_\_\_\_\_ % of sample seen in this color

(Note: This results in a multiple color sample. % need to add to 100%. Reference paint chip # and name of national manufacturer).

Options:

Wax finish \_\_\_\_\_ No (Yes is the default) Buff finish \_\_\_\_\_ No (Yes is the default)

Sample Match:

Enclose a sample created by another party and we will replicate as close as possible.

Special Requests:

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If you have any questions, please call us at 1-800-776-3316 or 305-576-3316.  
Fax this form to us at 305-576-8416.