

**COLOR MATCH REQUEST FORM**

OFFICE USE ONLY

QR-01-103 Original 10/20/04

**RIVERDALE COLOR**

**1 Walnut Street  
Perth Amboy, NJ 08861**  
Toll Free: (800) 227-6027  
Phone: (732) 376-9300  
Fax: (732) 376-9394

- New Match**
- Rematch (Previous Color #)**

Customer Number: \_\_\_\_\_ Quote Number: \_\_\_\_\_

Color Number: \_\_\_\_\_

Date Match Received: \_\_\_\_\_

**CUSTOMER:**  
Co. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_ Rep \_\_\_\_\_

Color Name \_\_\_\_\_  
Customer Code \_\_\_\_\_  
Final Part \_\_\_\_\_  
**Indoor Use**  **Outdoor Use**   
End User \_\_\_\_\_  
Target \_\_\_\_\_  
Date Submitted \_\_\_\_\_ **Date Required** \_\_\_\_\_  
Submitted By \_\_\_\_\_

**CUSTOMER RESIN**

**REGULATORY INFORMATION**

**MATCH TOLERANCE**

Resin Type \_\_\_\_\_  
Supplier \_\_\_\_\_  
Designation \_\_\_\_\_  
Melt Flow \_\_\_\_\_ Density \_\_\_\_\_  
 **Commercial and/or Non-Critical:** Use house resin for color matching and QC.  
 **Critical and/or Engineering Resins:** Sending minimum of 20 pounds per color match. Include additional resin for QC purposes (Please attach resin spec. sheet).  
Bucket # \_\_\_\_\_

- FDA  House wares  Toys  
 Heavy Metal Free  CONEG Compliant  
 Other (Heavy Metal OK)
- 
- MMP/Medical Class I  Class II  Class III   
 UL  
 NSF

- Critical  
DE <  CMC  CieLab   
 Commercial  
 Non-Critical  
 Matching Parts

**THERMAL STABILITY**

- Conventional Tooling Temp. \_\_\_\_\_  
 Hot Runner Mold  
 Rotational Molding Oven Temp. \_\_\_\_\_  
Will concentrate be dried with resin? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Production Tolerance Comments: \_\_\_\_\_

**PART DECORATION**

**CUSTOMER PROCESS**

**SURFACE/LIGHT**

**ADDITIVES**

- Silk Screen  
 Pad Print  
 Laser Marking  
 Hot Stamp  
 Other: \_\_\_\_\_

- Injection Molding  
 Sheet/Profile Ext.  
 Blown/Cast Film Ext.  
 Blow Molding  
 Rotational Molding  
 Other: \_\_\_\_\_

- Per Sample  
 Matte  
 High gloss  
 Textured  
 CWF  
 Daylight  
 Other \_\_\_\_\_

- U.V. \_\_\_\_\_%  
 Antioxidant \_\_\_\_\_%  
 Antistat \_\_\_\_\_%  
 Slip Agent \_\_\_\_\_%  
 Antiblock \_\_\_\_\_%  
 Other \_\_\_\_\_%  
In Final Product

**PART THICKNESS**

Opaque \_\_\_\_\_  
Translucent \_\_\_\_\_  
Transparent \_\_\_\_\_  
Pressout \_\_\_\_\_

**QUOTE REQUIREMENTS**

**PRESENT METHOD**

**DESIRED PRODUCT**

Submit: \_\_\_\_\_ Number of Color Chips  **Return Target**  
Injection Chip: Flat , Three-Step , or Four-Step   
Roto Chip: Disc  Block  Other Requirements \_\_\_\_\_

- Concentrate @ \_\_\_\_\_  
 Dry Color  
 Precolor  
 Liquid @ \_\_\_\_\_  
 Comments: \_\_\_\_\_

Liquid @ \_\_\_\_\_%  
 Best LDR  
Not to Exceed \_\_\_\_\_%  
Remarks: \_\_\_\_\_

Letters: MSDS  FDA  CONEG  Medical  E.U.   
Special Shipping: Federal Express Acct. # \_\_\_\_\_  
Management Review  Sample: Yes  No  Qty: \_\_\_\_\_

**QUANTITY REQUIREMENTS**

**PRICING INFORMATION**

Request for ballpark price (no match required)   
Quantities to be Quoted: \_\_\_\_\_  
Annual Volume: \_\_\_\_\_  
Match/Make Order - Qty: \_\_\_\_\_ Lot#: \_\_\_\_\_  
P.O.#: \_\_\_\_\_ Chip approval before order:  Yes  No

Current supplier of this \_\_\_\_\_  
Existing price and quantity \_\_\_\_\_  
Minimum order \_\_\_\_\_  
Existing freight terms: \_\_\_\_\_  
Reason for changing \_\_\_\_\_

Special Instructions: \_\_\_\_\_