

Part # CB-4

Large Flexible Chopping Mat

IMMEDIATE ATTENTION REQUIRED

To meet your requested shipping date of _____
 without additional expediting charges, we must receive the approved Final Proof before 1:00 pm PST on _____.

We will ship this order within _____ working days after receiving the final approval.

P.O. Number: _____

This is your FINAL PROOF COPY

Please review the artwork / type carefully. It is your responsibility to check this proof for errors.

GO By signing this approval, you accept all responsibility for errors in this artwork

APPROVED: _____

DATE: _____

PLEASE RETURN BY FAX TO:



JOB SPECS		
SO# / CUSTOMER		
0000 - Company Name		
PROOF DATE		
00/00/0000		
REVISION DATE		
REVISION DATE 2		
FILM DATE		
NOTE: SHIPPING IS NOT SCHEDULED UNTIL FINAL APPROVAL		
SALES REP	ARTIST	FACILITY
KV	AM	MXL

IMPRINT SPECS		
INK 1	<input type="checkbox"/> Insert PMS	PASS # 1
INK 2		PASS #
INK 3		PASS #
INK 4		PASS #
INK 5		PASS #
PRINT SURFACE		
STD BORDER?	MIRRORED ART?	PERSONALIZATIONS?

NOTES