



Custom Labs Order Sheet

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Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Email: _____ Phone: _____
Today's Date: _____ Due Date: _____
GOLDEN Contact (if any): _____
Project/Product Name: _____

Re-order Yes No

Color Matching Airbrush Fluid Matte Fluid Glaze Heavy Body HB Matte
 Gesso High Load Other _____
Starting Point: _____

New Product Development

Starting Point Product: Is there a base product that has some of the intended properties?
 Yes No

Changes or Properties

Gloss: High Gloss Semi-Gloss Matte Flat Other _____
Rheology: Short(buttery) Long (stringy) Other _____
Texture: Smooth Fine Medium Coarse Extra Coarse
 Other _____

Drying Time: Fast Standard Slow Slow as possible
Transparency: Opaque Semi-Opaque Translucent Other _____
Color: _____

Sampling Requirements

Amount/Container _____
Samples Needed (specify size) _____
Pricing (estimate) Needed Yes No
Notes: _____

Project Summary

Item #	Item Name	Qty	Price	List/Net	Custom Fees