

Silicones

Custom Color Request Form Project			Todays Date	Month	Day	Year
			Contact			
Project Name			Company Name			
Project Street Address			Street Address			
City	State	Zip	City	State	Zip	
Person Submitting Request			Telephone	Fax		
GE Silicones Account Manager			Email			
Request Type			Description of Color			
Color Match (Paint Mfg. /Color if available: If matching another mfg color chip mfg/color) Sample Request for an existing color (provide product number) from fan deck or pre-existing CC			Description of color (product number from fan deck, or paint mfg. number. If no number, send a 2"x2" sample along with this form.) *Variable color samples like brick or old paint chips are difficult to match.			
Product						
SilPruf SCS2000 SilPruf NB SCS9000 SilPruf LM SCS2700			SilShield 3100 Enduris 3500 Series Roof Coating Other (please specify below)			
Customer Sample Requireme	ents					
One cured draw down One 10.1 fl. oz caulking tube (Only applicable to 2000, 9000, 2700)			One US quart (SilShield or Enduris only) One US gallon (SilShield or Enduris only)			
Color matched samples to be	returned to (i	f different to above)				
Name of person to submit samples to Company			 Samples submitted for matching should be a minimum size of 2"x2" Refer to Distribution Price Schedule or contact your Account Manager to confirm minimum order quantities. Most custom color requests will take up to 72 hours, however certain metallic or bright colored paints may require extra time and cost to match. 			
Street Address			Send all reques	sts to		
City	State	Zip	Momentive Custo 4905 77th Avenue			
Telephone	Fax		Milan, IL 61264 Email: sealantscol	orlab@momentive.com		

Email