



Name: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please indicate why you are contacting Dr. ColorChip.**

There was a color-match problem with my order.

A sample of the Dr. ColorChip paint I received is enclosed. (Apply a quarter sized sample of the paint on a white, business card size piece of paper). **Do not send back the bottle without an RMA from Dr. ColorChip.**

Order # \_\_\_\_\_

Order Date \_\_\_\_\_

Description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I need a color for an older car (before 1994) or a custom color-match. I have provided (one of the following):

Sample part or old touchup paint

A manufacturer's color chip with the color on it

The color code from a manufacturer's chip book. (You are responsible for making the visual match between your vehicle and the chip book sample)

Manufacturer (e.g. PPG, DuPont, BASF) : \_\_\_\_\_

Chip Code: \_\_\_\_\_

A sample from a paint distributor based on photo spectrum gun findings. Please have the paint sample sprayed onto a piece of paper, or if a bottled sample was provided to you, paint a quarter-sized sample onto a white, business card size piece of paper.

We will custom formulate a match for a \$20 formulation charge plus the cost of the kit.

**Send this completed form along with your sample to:**

**Dr. ColorChip Corp  
1339 South Killian Drive  
Suite #1  
Lake Park, FL 33403**