



Proof Sheet

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DATE:

Client:	
Contact Name:	Project:
Phone:	E-mail:
Cell Phone:	Address:
Fax:	

TERMS AND CONDITIONS:

This proof is submitted for your approval. Please read carefully and indicate any errors found.

We regret any errors that may occur, but cannot be held responsible for errors that are not indicated by you at this time.

PLEASE SIGN BELOW, RETURN ALL PROOFS, ORIGINAL ART AND PHOTOS TO ALLOW COMPLETION AS SCHEDULED. THANK YOU.

JOB DESCRIPTION:

PROOF #1 _____

PROOF #2 _____

PROOF #3 _____

SIGN AND DATE:

OK as is.

I have read the TERMS AND CONDITIONS.

X _____

OK with Corrections Indicated.

No Revised Proof Necessary.

I have read the TERMS AND CONDITIONS

X _____

Corrections Required.

Submit New Proof.

I have read the TERMS AND CONDITIONS

X _____