

CUSTOM SAMPLE REQUEST SUBMITTAL FORM



Please fill out this form and include it with your control samples.

Customer / Branch	:			
Contact Name:		VT Project Number:	VT Project Number:	
Please specify wha	t VT is to match the sampl	e on.		
Specie		Cut		
		Plain Sliced Rotary Cut		
Please clearly desig	nate which side/part of th	e sample VT is to match.		
Send samples to:		Business	Residential	
	Company Name			
	City, State, Zip	_	control samples?	
CUSTOMER NOUSTRIES SERVICE	R 800.827.1615 info@vtindustries.com vtindustries.com	(© 2025 VT Industries, Inc. All rights reserved 03-2	

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