



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

Customer / Branch: _____
 Contact Name: _____ VT Project Number: _____
 Phone: _____ Email: _____

Please specify what VT is to match the sample on.

Specie _____ Cut _____

Plain Sliced Quarter Sliced
 Rotary Cut Rift Cut

Please clearly designate which side/part of the sample VT is to match.

Send samples to: Business Residential

Company Name _____
 Attn: _____
 Address _____
 City, State, Zip _____

Return control samples?