



MIXED COLOUR FORM

CUSTOMER NAME:

CONTACT NUMBER:

MANUFACTURER:

MODEL:

YEAR:

PAINT CODE:

COLOUR NAME:

PAINT TYPE:

BRAND; 2K; BASECOAT; ACRYLIC; ETC

AMOUNT REQUIRED:

MIN MATCH WITH CODE IS
500ML OR NO CODE 1L

GLOSS LEVEL:

BLENDING: YES:

NO:

AREA TO BE PAINTED:

ADDITIONAL INFO:

REQUIRED BY:

MINIMUM 24HRS

Staff member name

Date

CUSTOMER AGREEMENT

While the upmost care will be given to the sample to be matched, Bodyshop Paint Supplies Bayswater holds no responsibility for further damage or loss. Paint sample is to be left at owner/customer risk.

I, _____ (Customer Name), have read and agree to the information on this Mix Colour form.

Customer signature

Date