Dow Customer Color Match
Program Request and Approval Form

Notice to the Submitter: Each color request for each product requires a separate form. Return a completed form and a 3” square substrate sample (if substrate is solid-colored), or a color chip (if the substrate is multi-colored). Brilliant hues or metallic colors may not be matchable. Retain a copy of this form for your Records.

Send to: Dow Silicones Corporation
Attn: Custom Color Department
760 Hodgenville Road,
Elizabethtown, KY 42701
Phone: (270) 706-8358
Fax: (270) 706-8359
For other product information or technical service:
(800) 322-8723 or (989) 496-6000

A custom color matched sample will be returned to you for your approval. For a Sealant request, this will consist of 2 cured 3” X 3” samples, unless a wet sample is requested below. DOWSIL™ AllGuard Silicone Elastomeric Coating samples will consist of one-pint sample, unless only a formula is requested. DOWSIL™ 123 Silicone Seal samples will consist of one 4” to 6” strip. All samples will be returned by express mail.

Date __________________________
Submitter's Name __________________ Phone ____________ Contact Fax ____________
Contact Name _____________________ Phone ____________ Email _____________________
Company _________________________ City ____________ State _____ Zip ________
Address Line 1 ____________________ City __________________
Address Line 2 ____________________ Country ____________

Additional Information
Project/Job Name __________________________
Product ________________________________
Substrate/Color Ref# ___________________
Volume/Estimate _________________________
Sq. Ft./Estimate _________________________
Linear Ft/Estimate _______________________

Container to Order: □ Cartridge □ Sausage □ Pail
Distributor’s Name ______________________ Location ______________________
Dow Sales Representative __________________
Special Instructions __________________________

Phone ____________ Fax ____________ Email Address __________________________
Return Name ____________________________ and Address ____________________________

Product Needing Matched:
□ DOWSIL™ AllGuard Silicone ElastomericCoating
□ DOWSIL™ 123 Silicone
□ DOWSIL™ 756 SMS Building Sealant
□ DOWSIL™ 790 Silicone Building Sealant
□ DOWSIL™ 795 Silicone Building Sealant
□ DOWSIL™ 999-A Silicone Glazing Sealant
□ Other, Please specify __________________________

Wet Sample: □ Yes □ No
To Approve a Color Match and Place an Order: There will be acceptance and approval of a color match when the customer returns the Color Request and Approval form with an approval signature or an order is placed with the "Color Match I.D. Code" which will be provided once the color match is completed. To place an order, call your Dow distributor. The Color Match I.D. Code MUST be indicated with the order.

The Color Lab will: Return to you a color match as described above in a timely manner. Along with the color-matched sample, you will receive a Dow Custom Color Request and Approval Form. If you have any questions or concerns about this color match, please contact the Color Lab at +1 (270) 706-8358 and request the Color Technician referenced at the Color Matched By portion of the form.

Customer Approval Signature _______________________________ Title _______________________________
Color Match I.D. Code _______________________________ Approval Date _______________________________

If Rejected:

Customer (Architect or Building Owner) Signature _______________________________ Date __________
Reason for Rejection: ________________________________________________________________