

Name: _____ Date: _____

Company : _____

Job Description: _____ Job Number: _____

This is your proof for printing. Your signature is required for this project to continue.

Please read this proof thoroughly and pay attention to details, names, and spellings. The print job will be printed according to the proof, unless otherwise instructed of additional changes. (The proof form must be signed by an authorized personnel)

Check one of the following:

- O.K. - Proof correct/Ready to print
- O.K. to print with the advised changes. Please provide a second proof for approval.
- Second proof. O.K. to print
- Not O.K. - Proof Incorrect - Comments Below
- Not O.K. - Need to submit new files for a new proof

Sign, date, and return this approval via fax: 800-753-0856

Signature: _____

Comments: _____

