

DATE:

TO: [CLIENT NAME]

FROM: [COMPANY NAME – CONTACT NAME]

SUBJECT: CUSTOMER APPROVAL FORM

Important. Please Read.

Examine this proof carefully. Indicate clearly any necessary corrections on the proof (or attach instructions to the proof), sign, date, and return to [COMPANY NAME].

Even if you have seen previous proofs, do not assume everything without checking it again. This form must be signed. We cannot proceed without your signature.

Upon approval the items will be sent to the printer with an order to print \_\_\_\_ copies.

Please sign and fax to xxx-xxx-xxxx.

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_