| CO. NAME: PHONE: P.O.#: | 856.424.4818 107033WIL | | | FAX: | artwor | artwork@garrettspecialties.com | | | |
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SIGNATURE_____ DATE ______

(**Your proof must be signed, dated, and an approval box must be marked before your order will proceed.) DATE

**NO CREDIT WILL BE ISSUED FOR

ANY ART ERRORS AFTER APPROVAL

REVISE AND REPROOF

(Please indicate revisions above Revised proof is required)

APPROVED

AS IS