



Please fill out this form and include it with your control samples.

Customer / Branch: _____

Contact Name: _____ VT Project Number: _____

Phone: _____ Email: _____

Please specify what VT is to match the sample on.

Specie _____

Cut

- Plain Sliced Quarter Sliced
 Rotary Cut Rift Cut

Please clearly designate which side/part of the sample VT is to match.

Send samples to:

- Business Residential

Company Name _____

Address _____

City, State, Zip _____

- Return control samples?