

Proof Review & Approval Agreement

Today's Date _____

Your Name _____

Company Name _____

Project Description _____

1. Please complete the following checklist.
2. Check "Approved" or "Changes Needed". If approved, please sign.
3. FAX completed form to: 614 291-3842

1

Approved	Changes Needed	
<input type="checkbox"/>	<input type="checkbox"/>	Layout [Logos, images, artwork, body copy: In position? Anything missing?]
<input type="checkbox"/>	<input type="checkbox"/>	Text [Check information, phone numbers, addresses, etc.]
<input type="checkbox"/>	<input type="checkbox"/>	Spelling, grammar, punctuation, word/line spacing
<input type="checkbox"/>	<input type="checkbox"/>	Colors [Proof colors may vary upon printing device, monitor calibration and lighting]
<input type="checkbox"/>	<input type="checkbox"/>	Font styles
<input type="checkbox"/>	<input type="checkbox"/>	Finished size, bleeds, trims, die cuts
<input type="checkbox"/>	<input type="checkbox"/>	Postal Bulk Rate Permit No. [If applicable]
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Please indicate changes in the **Details** section below.

Details [Please indicate changes here]

2

Check one of the following:

APPROVED. Proceed with the production of this job.

Authorized by: _____

Signature

CHANGES NEEDED. Make changes, then provide a new proof.

3

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