Scuffmaster®
Pretty. Tough. Paint.™

STOCK SAMPLE REQUEST FORM

CUSTOMER NUMBER	COMPLETED BY

DATE + TIME:	
TELEPHONE:	

SHIPPING:	☐ GROUND ☐ 3 DAY ☐ 2 DAY ☐ Next Day-SAVER ☐ Next Day-10:30/Standard ☐ SATURDAY DELIVERY

COMPANY:	
CONTACT:	
EMAIL:	
ADDRESS: Don't Forget to Ask for Suite Number.	
CITY:	
STATE:	
ZIP:	

REQUESTER TYPE:	
☐ CUSTOMER ☐ REP	☐ CONTRACTOR ASK JOB STATUS ☐ HAVE ☐ DO NOT HAVE
SAMPLE REQUEST:	SAMPLE REQUEST:
☐ STOCK SAMPLE ☐ CUSTOM STOCK SAMPLE	☐ SUBMITTAL - STOCK ☐ SUBMITTAL - CUSTOM
JOB NAME & JOB LOCATION	
SPECIFIER NAME	
SALES REP:	

DISTRIBUTOR: ☐ WG ☐ RJF ☐ DIR ☐ NEW

SCUFF FINISH NUMBER / CODED NUMBER	QTY

ADDITIONAL COMMENTS/INSTRUCTIONS:

WG SAMPLE #	

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