



*The Range*<sup>®</sup>

## ART APPROVAL LAYOUT

<p><b>PRODUCT:</b> 1010 - Paper Clip Tray</p> <p><b>PRODUCT COLOUR:</b> _____</p> <p><b>PRODUCT SCALE:</b> 100%</p> <p><b>POSITION(S):</b> _____</p> <p><b>PRINT COLOUR(S):</b> _____</p> <p><b>DECORATION METHOD:</b> _____</p> <p><b>ART SIZE(S):</b> _____</p> <p><b>DELIVERY DATE:</b> _____</p>	<table border="1"> <tr><td><input checked="" type="checkbox"/></td><td>FIRST SUBMISSION</td></tr> <tr><td><input type="checkbox"/></td><td>REVISION 1</td></tr> <tr><td><input type="checkbox"/></td><td>REVISION 2</td></tr> <tr><td><input type="checkbox"/></td><td>REVISION 3</td></tr> <tr><td><input type="checkbox"/></td><td>REVISION 4</td></tr> </table>	<input checked="" type="checkbox"/>	FIRST SUBMISSION	<input type="checkbox"/>	REVISION 1	<input type="checkbox"/>	REVISION 2	<input type="checkbox"/>	REVISION 3	<input type="checkbox"/>	REVISION 4	<p><input type="checkbox"/> <b>APPROVED</b></p> <p><input type="checkbox"/> <b>NOT APPROVED</b></p>
<input checked="" type="checkbox"/>	FIRST SUBMISSION											
<input type="checkbox"/>	REVISION 1											
<input type="checkbox"/>	REVISION 2											
<input type="checkbox"/>	REVISION 3											
<input type="checkbox"/>	REVISION 4											
<p><b>NAME:</b> _____</p> <p><b>COMPANY:</b> _____</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p> <p><b>COMMENTS:</b> _____</p>												

RECOMMENDED PRINT AREA: ① LASER/PAD: 30mm x 20mm

Please print, approve & urgently fax back. A signed art approval layout must be submitted before production