

Approval form for non faxed artwork - set 2 up on 8.5 x 11 sheet

YOUR COMPANY ADDRESS
AND PHONE NUMBERS GO HERE

ART APPROVAL

Client: _____ Job#: _____

Description: _____

PLEASE check this proof carefully for errors and omissions. Your signature below constitutes acceptance of full responsibility for all errors, omissions and legal and ethical compliance in this document. DESIGNER will not accept liability for errors overlooked at this stage of proofing. Any changes from your previously approved copy will be charged extra according to both time and materials.

OK AS IS

your signature / date

OK WITH CORRECTIONS
NO FURTHER PROOF NEEDED

your signature / date

CORRECTIONS REQUIRED
SHOW NEW PROOF

your signature / date

This proof is not submitted for color approval, print quality, or paper approval.
This proof must be approved 10 days prior to print deadline.

ARTIST

SALES REP

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AND PHONE NUMBERS GO HERE

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