

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

YOUR COMPANY ADDRESS
AND PHONE NUMBERS GO HERE

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AND PHONE NUMBERS GO HERE

ART APPROVAL

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Client: _____ Job#: _____

Description: _____

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Description: _____

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OK AS IS

your signature / date

OK AS IS

your signature / date

OK WITH CORRECTIONS
NO FURTHER PROOF NEEDED

your signature / date

OK WITH CORRECTIONS
NO FURTHER PROOF NEEDED

your signature / date

CORRECTIONS REQUIRED
SHOW NEW PROOF

your signature / date

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SHOW NEW PROOF

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This proof must be approved 10 days prior to print deadline.

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ARTIST

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SALES REP

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