FABRIC SWATCH APPROVAL FORM

Submit completed form to customerservice@gharmorsystems.com

GH ARMOR SYSTEMS

READY IS THE ONLY OPTION.

Contact Name: _____ Distributor Name: _____

City/State: _____ Date: _____

Zip: _____

Phone: _____

Email: _____

SWATCH PART NUMBER	DESCRIPTION (MATERIAL/COLOR)

COMMENTS:

Swatch Approved: YES ☐ NO ☐

IF NOT APPROVED, PROVIDE THE FOLLOWING:

_____ _____ _____

Signature Print Name Date