

# Frameless Overlay Artwork Approval Form

**PLEASE DO NOT** send back this form blank. It **ALL MUST** be filled out- even on repeats!

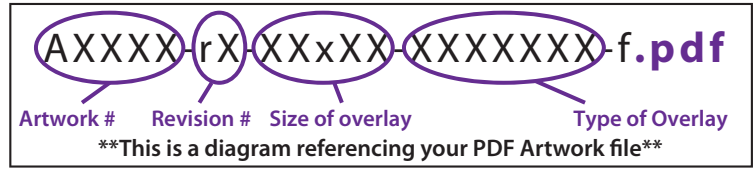
We **WILL NOT** begin production until this form is completed.

## A Note from the Manufacturers:

The client is also responsible for orientation, foreign language translations, spelling, punctuation, grammar, variable data, logos, graphics, colors, etc. These elements can be checked using the two PDF proofs provided.

## The "Artwork"

Use the **PDF files** you received via email when filling this section out. See diagram to the right for reference.



**Layout** Artwork #: A \_\_\_\_\_ Revision # of artwork: r \_\_\_\_\_ Quantity of overlays ordered: \_\_\_\_\_  
AXXXX-rX-XXxXX-XXXXXXX-f.pdf AXXXX-rX-XXxXX-XXXXXXX-f.pdf

If Overlay or Insert is Double Sided fill in this section for the backside. Artwork #: A \_\_\_\_\_ Revision #: r \_\_\_\_\_

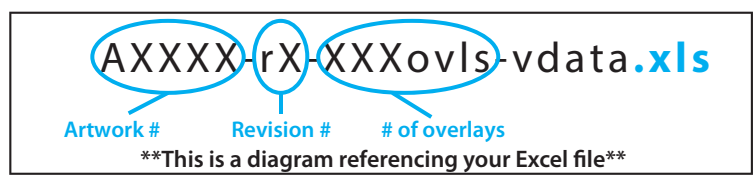
**Size**  Portrait - Taller  23.5x36 with rounded corners  
 Landscape- Wider  18x24 with rounded corners

**Type** Our overlay will be a:  3M Peel & Stick Sticker (permanent)  Magnet (removable)  Insert for Frameless -These are not dry erase and are to be covered by DaPlus10 Dry Erase Lens Cover.

I have proofread the text and hereby approve the grammar, syntax, spelling, and punctuation on the board.  
 I have carefully inspected the graphic elements including dividing lines, clip art, logos, and colors and hereby approve the quality, alignment, and appearance of the overlay.

## "Variable Data"

Variable data (pre-printed room and phone numbers that vary overlay to overlay) is an optional service. If ordered, use the **Excel file** you received via email when filling this section out. See diagram to the right for reference.



## Front of Insert

There is **no** variable data.  
 There is Variable Data on Front  
Revision # of Excel file: \_\_\_\_\_  
# of Blanks: \_\_\_\_\_

## Back of Insert

There is **no** variable data.  
 There is Variable Data on Front  
Revision # of Excel file: \_\_\_\_\_  
# of Blanks: \_\_\_\_\_

By signing this approval, I understand that the overlays are custom made and are not returnable for any of the approved items on this form. I understand that I will get exactly what I am signing off on and I will accept what I have approved. I understand that any deviations or defects from the approved artwork will be replaced at Indoff's expense.

\_\_\_\_\_  
Your Signature and Date

\_\_\_\_\_  
Your Supervisor's Signature and Date (Optional)

\_\_\_\_\_  
Purchase Order Number from Purchasing or Materials Dept. (Optional)

\_\_\_\_\_  
Purchasing Organization, Company, or Hospital

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