



Proof Sample Request

The purpose of this document is to provide ColorSciences, LLC with the information necessary to output a proof sample that will assist you in the process of proof technology evaluation. Please provide as complete and accurate information as possible in answering the following questions concerning the proof samples requested. If you or members of your team have questions concerning this form, please do not hesitate contacting the inkjet proofing coordinator at (888) 279-7638 or via e-mail to:bferry@colorsciences.com.

Thank you in advance for your assistance.

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

1. Please list your goals and/or expectations for your inkjet proofing system in order of priority.

a.

b.

c.

2. Which of the Color Standards do you want the proof to represent?

SWOP GRACol Custom: _____

3. If custom, do you have an ICC Profile describing this color space?

Yes No

4. What proofing paper do you want the proof to be produced on: _____

5. Are you interested in seeing a paper simulation on the proof sample?

Yes No

6. Are you interested in a continuous tone proof or a halftone proof?

Continuous tone Halftone



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7. If you require a halftone proof you will need to supply 1-bit tiff files from the CTP or imagesetter RIP that identify the plate color in the file names. Are you able to supply these files?

- Yes No

8. Do you plan to submit a sample, as a target print condition to be matched?

- Yes No

If yes, you will need to send ColorSciences the sample prints, the sample file, the respective ICC profiles used to produce those prints and any 1-bit tiff files (for halftone proofs) used.

Please send those profiles and prints to:

ColorSciences, LLC
Attn: Inkjet Proofing Coordinator
3435 Greystone Drive
Austin, TX 78731-2362

9. Is the file you are submitting the exact same file that was used to produce the supplied sample?

- Yes No

For ColorSciences Use

ColorSciences Representative: _____

Due Date: _____

Special Instructions: _____

Comments: _____
