

LENS CLEANING SPRAY PROOF

PROOF

(COMPANY NAME)

PO:0000000000

Date: 00/00/0000

Fax: 000-000-0000

Attn: Name



SELECT A CAP COLOR



BLUE



RED



PINK



FROSTED



YELLOW



GREEN



PURPLE



ORANGE



BLACK



SIGNATURE

TO DISTRIBUTOR AND YOUR CLIENT, FOR YOUR PROTECTION AND OURS:

By signing this artwork approval, you have verified and agreed with the logo and text, logo size and printing position. You authorize us to proceed with the production and you are accountable for the full value of the order due to mistakes or changes to the logo, as mentioned above.

DATE

