

Custom Finish

Date _____

Project Name _____

Design Firm _____

Dealer (if known) _____

Sales Rep _____

Anticipated PO Date _____

Leland Product(s) _____

Quantity _____

Color Description _____

Sample Provided (check one) Veneer Laminate

Other (please specify) _____

Additional Color Comments _____

Contact Information (person Leland should contact)

Company _____

Name _____

Phone _____ E-mail _____

Submit custom finish and this completed form to:

Leland International
Attn. Customer Experience
5695 Eagle Drive SE
Grand Rapids, MI 49512

