

Custom Finish Application



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 Comments

Contact Information (person Leland should contact)

Contact's Company _____

Contact's Name _____

Contact's Number _____

Contact's Email _____

Submit custom finish and this completed form to:

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

