

Proof Review & Approval Agreement

Proof Date

Your Name

Project Description

- 1. Please complete the following checklist.
- 2. Mark the appropriate box and sign below.
- 3. FAX completed form to: 614 291-3842

Indicate required changes in the details section of this form or on the proof. We cannot be responsible for verbal instructions.

Proof Changes

OK required

- Content** [Complete information, correct names, phone numbers, addresses, etc.?]
- Spelling and Grammar** [Spell check performed?]
- Punctuation** [Contains necessary periods, commas, etc?]
- Spacing** [Any extra spaces or missing word spaces?]
- Layout and Design**
- Colors** *Colors in the proof may vary upon printout, monitor calibration and lighting.
- Fonts**
- Logos/images/text:** [Anything missing? Size and position are correct?]
- Trim size, bleeds and page image size**
- Postal indicia/codes/permits**
- Folds indicated correctly**
- Other** _____

Details [indicate required changes here]

Check one of the following:

- Proof is approved.** Proceed with the production of this job.
- Changes needed. No new proof required.** Make changes, then proceed with the production of this job.

I have reviewed the proof and I accept responsibility for any errors revealed in the proof that I have not marked for correction prior to printing.

Name _____ **Today's Date** _____

Signature _____

- Changes needed. New proof required.** Make changes, then provide a new proof.

Name _____ **Today's Date** _____

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