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Your Name:

Job Name:

Date:

PROOF RESPONSE FORM

Please check the appropriate response, sign & fax back to XL Design 4U.

Proof is OK as is, no changes required*.

Proof is OK with the following changes*:

Proof is not OK, additional proof required with the following changes*:

** Please be sure to carefully check all items on your proof for accuracy and proper positioning. Upon receipt of this signed response form, XL Design 4U shall be released from any responsibility for typographical errors.*

(Your signature is required before we can process your order.)

Confirm quantity desired for this order: _____
(If more than one item please specify quantity for each.)

WE EXCEL FOR YOU!

*Thank you for your business!
Please Indicate Your Response & Fax Back*