

# CUSTOMER'S SPECIFIED LAMINATE

## Safco CSL Policy

Contact customer service at 1-888-971-6225 for inquiries regarding CSL and/or to submit laminate samples. The CSL sample must be approved prior to order fulfillment. Contact Customer Service for logistical details.

### Submitting CSL Samples

Reference PO # on all samples.

- For all laminates, please attach a laminate sample to our CSL form (see below). Include all information and return to Safco Products as directed by Customer Service for approval.
- Customer Service will notify customer of CSL price and/or availability.

Upon CSL conformation, send purchase order to Safco Products Customer Service Department.

1. Purchase orders must include clearly defined CSL information including laminate name, laminate number and laminate manufacturer name and contact information.
2. Orders requesting CSL will be placed on "Manufacturing Schedule hold" until the CSL sample is received.
3. Upon receipt of CSL sample, the order will be released into production and shipped within the stated lead time.

All CSL samples received by Safco Products must include the following information:

1. Customer's name, address, and phone number
2. Purchase order number
3. Laminate manufacturer and swatch information
4. Any special instructions for application

For more information, please contact Safco Products Customer Service at 1-888-971-6225 or go to [safcoproducts.com](http://safcoproducts.com).

Please send all CSL samples to:  
Safco Products Company  
9300 West Research Center Road  
Minneapolis, MN 55428

# CUSTOMER'S SPECIFIED LAMINATE

## Customer's Specified Laminate Sample Form

Dealer/Customer \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Laminate Manufacturer \_\_\_\_\_  
Laminate Manufacturer Phone Number ( ) \_\_\_\_\_  
Laminate Name \_\_\_\_\_  
Laminate Number \_\_\_\_\_  
Date \_\_\_\_\_  
Purchase Order Number \_\_\_\_\_  
Safco Model/Series Number \_\_\_\_\_  
Quantity \_\_\_\_\_

**Please check one:**

- This form accompanies the laminate sample to be used for the referenced PO number.  
 This form is being used to request a price quote

**Application**

Is there a desired top and bottom to the laminate application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, clearly specify how laminate is to be applied.

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**Please Note:**

- Due to standard laminate sheet sizes, most laminates will need to be applied in a horizontal orientation.
- Limited Lifetime Warranty does not extend to CSL Laminates

Attach Laminate Sample here: