

APPROVAL

To	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Company	<input type="text"/>		
Fax	<input type="text"/>	From	<input type="text"/>
No. of Pages	<input type="text"/>	(Including this page)	

I hereby give unconditional approval for the printing of the above job and by not sighting a proof I waive any rights to contest the finished product.

I understand any reformatting of fonts, page margin settings, reflowing of text, photo resolution or any alterations of any kind are not the responsibility of the printer and will accept the finished product in its entirety.

I understand digital colour copies and full colour offset print runs may vary and may not be an exact match of offset spot process colour.

job no.	<input type="text"/>
description	<input type="text"/>
Signature	<input type="text"/>

Please sign and fax back to 02 9264 1002

