

# Custom Finish Application

LELAND

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 Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Submit custom finish and this completed form to:

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