



2810 Meridian Parkway  
 Suite 132  
 Durham, NC 27713  
 (919) 361-5822  
 FAX: (919) 361-1930  
 www.licp.com

# PROOF FORM

Fax to 919-361-1930

Date: \_\_\_\_\_ Work Order: \_\_\_\_\_ CSR: \_\_\_\_\_

Customer: \_\_\_\_\_ Contact: \_\_\_\_\_

Document Name/Version: \_\_\_\_\_ Part No.: \_\_\_\_\_

**FINAL PROOFING OF PRINTED OR COPIED WORK IS THE RESPONSIBILITY OF THE CLIENT.**

Our staff checks your document for format inconsistencies only. We are NOT responsible for textual, spelling and grammatical errors. Any changes to an electronic file can cause additional changes to document flow. It is imperative you check every proof completely.

Please note that on 4-color digital press work your proof is laser printed for text and content placement only and NOT for color evaluation.

*Laser Image makes every effort to meet your deadlines. Your prompt reply will enable us to do so. In order to meet your deadline, this proof must be returned no later than \_\_\_\_\_.*

**THE PROOF IS CORRECT.**

Please proceed with printing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE MARKED CORRECTIONS ON THE PROOF.**

I wish to see another proof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE MARKED CORRECTIONS ON THE PROOF.  
I DO NOT WISH TO SEE ANOTHER PROOF**

Make the indicated changes and print. I accept full responsibility for any errors which may occur.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I DO NOT WANT TO SEE A PROOF.  
I ACCEPT FULL RESPONSIBILITY FOR ANY ERRORS WHICH MAY OCCUR.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WE WILL NOT PROCEED WITH PRINTING UNTIL THIS PROOF IS SIGNED AND RETURNED TO US.**