



Proof Approval Form

ACME BOOKBINDING

100 Cambridge Street, PO Box 290699
Charlestown, MA 02129-0212

(voice) 617-242-1100 (fax) 617-242-3764 www.acmebook.com

1st Proof, 2nd Proof, 3rd Proof

To: _____ Client: _____ Date: _____

Job #: _____ Job Name _____

From _____ Machine # _____ Hard Copy , File

Production Will Begin When This Proof Approval Is:

Returned with Proof	Faxed to _____
This Proof (if OK) needs to be approved on _____ by 12:00 a.m. in order to start day 1 of production	
<small>DATE</small>	

Acme Comments on Proof	File/Page #	Solutions

Client Comments on Proof	File/Page #

Please Check One

OK As Is	Fax Changes Only
OK with Corrections	New Proof Required

Client Signature

Date

Proofs may not be printed on your specified stock. Please check location, pagination, content and color.