

Customer Name:

Date:



COLOR SELECTION SHEET
INTERIOR

Room/Location	Substrate	Manufacturer	Product	Type/Sheen	Color Name/Number
	Walls				
	Ceiling				
	Trim				
	Walls				
	Ceiling				
	Trim				
	Walls				
	Ceiling				
	Trim				
	Walls				
	Ceiling				
	Trim				