



Interior Color Schedule

Name _____

Address _____

Please make your color selections, sign, and return to Nolan Painting, Inc. P.O. Box 773 Ardmore, PA 19003.

I have carefully chosen the following colors for my painting project. If after paint is applied, I am not pleased with the colors I have selected, I understand there will be an additional charge for re-painting these areas.

Signature _____ Date _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

Room _____
Walls _____ Trim _____ Ceiling _____

- **If you would like to match existing colors, please note.**

NOTES:
