Client name:_____   Date: _____

Company name: Embrace Cosmetics

Product/container: Pressed Cream Foundation - Pressed Shiny Black Container

Original Logo:

Plate #1
Gold printing

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____   Date: _____

PAPERPROOF FORM

Client name:_____   Date: _____

Company name: Embrace Cosmetics
_____

Product/container: Jojoba Oil Based Foundation - Pressed Shiny Black Container
_____

Original Logo:

- -

Plate #1
Gold printing

- -

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____   Date: _____

Client name:_____   Date: _____

Company name: Embrace Cosmetics

Product/container: Creme Concealer - Black Rim Container

Original Logo:

Plate #2
Black printing

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____   Date: _____

Client name:_____   Date: _____

Company name:_ Embrace Cosmetics_____

Product/container:_ Gel Eyeliner - Shiny Black Container_____

Original Logo:

- -

Plate #3
Gold printing

- -

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____   Date: _____

Client name:_____   Date: _____
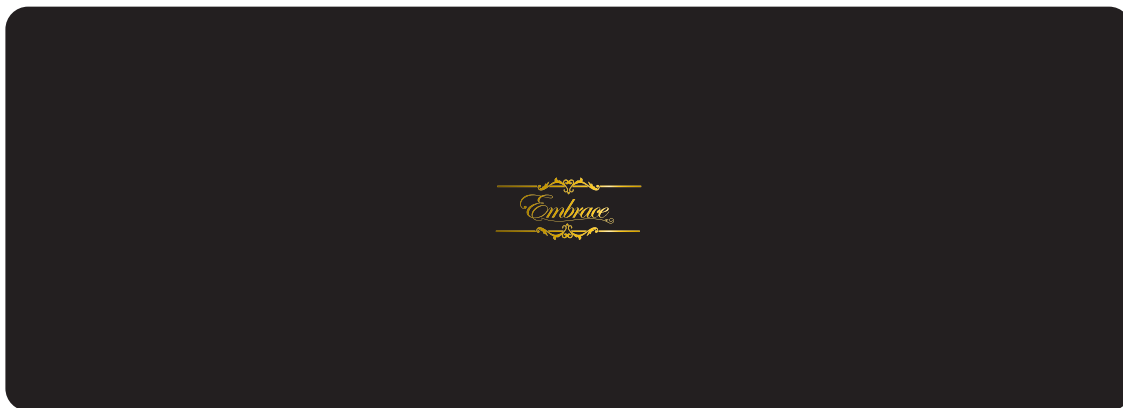
Company name: Embrace Cosmetics

Product/container: 6 Set Pallete - Shiny Black Container

Original Logo:

Plate #3
Gold printing

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____   Date: _____

PAPERPROOF FORM

Client name: _____ Date: _____

Company name: Embrace Cosmetics
_____

Product/container: Defining Brush
_____

Original Logo:

Plate #4
Gold printing

I approve this paperproof for sample manufacturing
I approve the logo and its positioning on the container and its color.

Name:_____

Signature:_____ Date: _____