

## Print Questionnaire

One product per questionnaire only, please

COMPANY NAME:	
CONTACT PERSON:	
PHONE:	FAX:
ADDRESS:	
CITY:	STATE: ZIP:
EMAIL:	WEB SITE:

JOB #:
SALES REP: DESIGNER:
PROJECT TITLE:
TODAY'S DATE: 11/8/2008
DUE DATE:
PROOF DATE:

### PROJECT DESCRIPTION AND QUESTIONS – Attach additional pages as needed:

PROJECT PURPOSE:

AUDIENCE:

TYPE OF PRINT PRODUCT:

PROJECT DETAILS AND SERVICES – Attach additional pages as needed:

PACKAGING AND MAILING INSTRUCTIONS – Include Shipping Address:

CLIENT NAME: \_\_\_\_\_ APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DESIGNER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_