



New Customer Information Form

Please fill out and fax back to (303) 532-2384

Company Name _____

Company Billing Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

Main Contact: _____

Phone: _____ Cell: _____

Email: _____

Billing Contact: _____ Phone: _____

Email: _____

Please choose a category that best describes your business:

- | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------|
| Billboard/Media Company | <input type="checkbox"/> | Direct Buyer (advertiser) | <input type="checkbox"/> |
| National Agency | <input type="checkbox"/> | Regional/Local Agency | <input type="checkbox"/> |
| Broker | <input type="checkbox"/> | Third Party Billing | <input type="checkbox"/> |
| Sign Shop or Other Re-seller | <input type="checkbox"/> | Other | <input type="checkbox"/> |

How did you hear about Circle Graphics?

What kind of Print Production are you looking for?

Examples: Vinyl Flex, Paper, Eco-Flexx, Eco-Poster, Transit, Banners, etc

Are you currently working with a National Sales Representative?

- Yes If yes, whom are you working with? _____
- No