



NEW ACCOUNT SET UP

Business Name: _____

Mailing Address: _____

CONTACT INFORMATION

Final Project Decision Maker/Primary Contact Person:

Birthday: (Month/Day) _____

Office Phone Number: _____ Cell Phone Number: _____

Do you accept text messages? y/n

Email: _____

Project Associate/Secondary Contact:

Birthday: (Month/Day) _____

Office Phone Number: _____ Cell Phone Number: _____

Do they accept text messages? y/n

Email: _____

ACCOUNTING
all invoices are sent via email

Responsible party for payment:

Office Phone Number: _____

Email: _____

Payments will be by

_____ check paid no later than 10 days of emailed invoice*

_____ credit card to be processed upon invoice due date*

*Returned checks incur a \$50 fee. All late payments incur a 5% charge.

MARKETING

How did you hear about us:

_____ Referred by: _____

_____ Received your e-mail

_____ Read an article in magazine/newspaper or your blog

_____ Internet ad

_____ Google search

_____ Print ad OR direct mail piece

NETWORKING

We appreciate your business and would love for you to give us a 5-star review on Google+ and Facebook OR share with why you chose Envision Works Marketing below.

<https://plus.google.com/u/0/b/114208180699036525117/114208180699036525117/reviews>

<https://www.facebook.com/EnvisionWorks>
