



195 Paterson Ave Suite #5 Little Falls, NJ 07424
PHONE: 973-256-7392 * FAX: 973-256-7390
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Graphic Design & Layout Assignment Form

United Printing Systems (UPS) has come up with the following form to ensure that your company or organizational needs are met in order to handle your **graphic design; signage & printing needs** from start to finish. This form is created to help you make a decision on your marketing, signage & printing needs depending on your goals, deadlines, and preferences in reviewing logo designs, selective revisions & your budget. If needed copyright transfer with all buyout rights is available.

Our customers shall discuss and interact directly with someone in our Marketing / Graphic Design division regarding your graphic & communication needs. Please follow the 3 easy steps below! Once they have been completed we will schedule your project the next business day for a sales representative to get back to you.

1. Fill out your **company or organizational information sheet**.
2. Check off the box next to the item or services you wish to have designed or printed.
3. Please sign and **Send back these forms ASAP to US** regarding the services you are ordering.

Please check the box next to the item or services you wish to purchase

LOGO Design **Stationery Design** **Signs or** **Banner Design**

Have my own design just need printed, will send file

Other: Explain

I _____
 (Print or Type Name)

give **United Printing Systems** the authority to start the following Graphic Design work or layout on behalf of the company or myself acting in the capacity as a representative of said company below:

 (Print or Type Company Name and your Title)

I hereby acknowledge, understand and agree that we are responsible for the cost and design work being produced for this project regardless of completion of said project or going to press or print.

Client Signature Of Acceptance _____ Date _____

TERMS: Please be advised that prices will be based on specifications and are subject to change upon final review & layout of specifications. Additional Design charges to recreate file for pre-press layouts for the operation intervention required to produce your job & proof or for High Resolution Scans & Rebuilding if necessary. All jobs are based on seven (7) to ten (10) day turnaround from time of **Proof Approval & Receipt of deposit check** unless otherwise specified. Please add 7% sales tax to quote. All shipping/ packaging fees are F.O.B. Little Falls, NJ. Quotation is valid for 30 days from the above date. **All accounts are on terms of 75% deposit with the balance C.O.D.** Once signature is obtained the customer is responsible for any materials ordered, the concept & design of said project for time spent on said project at \$65.00 an hour or said cost regardless of completion of project. **A signed and dated copy of this form must accompany all orders.** *We thank you for the opportunity to help serves your companies' communicational needs.*



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Continued agreement

COMPANY or BUSINESS INFORMATION SHEET

COMPANY or PERSONS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

No. Street City State Zip

WORK #: _____ **CELL#:** _____ **E-MAIL:** _____

YEARS in business: _____

In order for **United Printing Systems** to provide your company with a design that you will like, we need to obtain information from you. Therefore please answer the following questions

Graphic Designing Comments:

Do you have a preference of colors for your project?

Do you have a preference of stock, stationery texture or stock color?

Explain in detail what your company or business does, such as products or services etc.

Please give us any ideas you may have in detail on how you would like to see your companies project look & feel? Possible message you're trying to get across?

Client Signature Of Acceptance _____ **Date** _____

*If you have any questions, concerns, need additional information about United Printing Systems graphic design programs under the above fee schedule we can be reached at **1-973-768-6864**.*

Please take a moment to E-Mail or Send in your FORMS to **195 Paterson Ave Suite 5 Little Falls, NJ 07424**

Thanks again on behalf of UNITED PRINTING SYSTEMS.