

NEW CLIENT FORM

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FILLING OUT THIS DOCUMENT

THIS DOCUMENT CAN BE FILLED OUT ELECTRONICALLY BY ENTERING YOUR INFORMATION INTO THE GRAY FIELDS. USE THE TAB BUTTON ON THE KEYBOARD TO MOVE BETWEEN THE FIELDS. ONCE COMPLETE, YOU CAN PRINT AND SELECT SAVE AS PDF TO EMAIL IT AS AN ATTACHMENT TO THE PERSON WHO SENT IT TO YOU.

COMPANY / BILLING INFORMATION

COMPANY NAME _____

CONTACT NAME _____

EMAIL _____ PHONE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING CONTACT NAME _____

BILLING PHONE NUMBER _____

INVOICING / BILLING EMAIL _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TERMS AND CONDITIONS

BY SUBMITTING THIS CREDIT CARD AUTHORIZATION FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS. YOU ARE GIVING EXPRESS PERMISSION TO USE THE ABOVE LISTED CREDIT CARD FOR PURCHASE ORDER PREAUTHORIZATION AND FINAL INVOICING. ANY DATA ENTERED IN THE SIGNATURE FIELD BELOW COUNTS AS YOUR LEGAL SIGNATURE. THIS CARD WILL BE USED TO PROCESS MY FUTURE PURCHASE ORDERS. I UNDERSTAND THIS WILL AFFORD ME THE FASTEST PROCESSING TIME FOR MY ORDERS.

IT IS YOUR RESPONSIBILITY, WHEN PLACING AN ORDER, TO REVIEW THE COMPLIANCE POLICY AND FILE REQUIREMENTS. ALL ORDERS PLACED INDICATE ACCEPTANCE OF THESE POLICIES.

COMPLIANCE POLICY

ONCE AN ORDER HAS BEEN PLACED, THE CUSTOMER IS RESPONSIBLE FOR ALL CHARGES INCURRED. SET-UP/DESIGN PERTAINS TO THE TIME AND MATERIALS USED BY OUR DESIGNERS TO GENERATE THE PRINT READY PRODUCT AND WILL REMAIN THE PROPERTY OF CJ GRAPHICS. WE UNDERSTAND THAT THERE ARE SITUATIONS THAT MAY ALTER THE COMPLETION OF A JOB. IF A JOB HAS HAD NO ACTIVITY IN 30 DAYS WE WILL CLOSE THE JOB AND INVOICE FOR ALL TIME AND MATERIALS. THE FILE WILL REMAIN IN OUR SYSTEM FOR 3 YEARS. FILE REQUEST FORMS CAN BE SUBMITTED WITH PREPAYMENT. (1/26)

PRINT NAME _____ SIGNATURE _____

POSITION _____ DATE _____