



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

TO BEGIN OUR PROFESSIONAL BUSINESS RELATIONSHIP WITH COMPLETE TRANSPARENCY AND UNDERSTANDING OF OUR OPERATIONS, WE REQUIRE OUR CLIENTS TO SIGN THIS DOCUMENT EITHER PHYSICALLY OR DIGITALLY. ANY DATA ENTERED IN THE SIGNATURE FIELD BELOW COUNTS AS YOUR LEGAL SIGNATURE. BY RETURNING THIS SIGNED DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS.

IT IS OUR COMPANY COMPLIANCE POLICY THAT ONCE AN ORDER HAS BEEN PLACED, THE CUSTOMER IS RESPONSIBLE FOR ALL CHARGES INCURRED. WE UNDERSTAND THAT THERE ARE SITUATIONS THAT MAY ARISE IN THE PROCESS OF YOUR BUSINESS THAT WILL ALTER THE COMPLETION OF A PROJECT. IN THE EVENT THAT A JOB IS CANCELED OR HAS NOT HAD ANY ACTIVITY WITHIN THE LAST 30 DAYS, THE JOB WILL BE CLOSED AND AN INVOICE ISSUED FOR ANY TIME, MATERIALS, AND/OR SET UP. PLEASE KNOW THAT THE ARTWORK WILL REMAIN IN OUR FILES FOR 3 YEARS AND CAN BE REVISITED AT ANY TIME. PLEASE NOTIFY US IF YOU DO NOT WANT YOUR PRODUCTS USED FOR CJ GRAPHICS MARKETING.

PRINT NAME _____ SIGNATURE _____

POSITION _____ DATE _____