

New/Potential Client Information Sheet

Name:		
Mailing Address:	Street	
_	City	
	State Zip Code	
Home Phone Numbe	er	
Business Phone Num	ber	
Mobile Phone Numb	per	
Business Email		
Personal Email		
Have you published	existing Book(s) No	
If yes, title(s) of Book	x(s) 1	
	2	
	3	
Publisher(s) 1	2 3	
Are you interested in	publishing this book (or these books) under the RICHER Press Imprint?No	
Do you have an exist	existing manuscript?Yes No ing outline?Yes No the book?Self-HelpRelationshipsInspiration%	Othe
If yes, title of manus	cript	
Are you interested in	publishing this manuscript with RICHER Press?Yes	No
How much do you w	hich to invest in this publishing project at this time? \$	
At what future date	would you like your book fully published?1 month2 months 6 r	nonths