

RESET

TEST FORM

Account Name: _____

Account # _____ Sales Rep _____

Address: _____

City: _____ Zip: _____

Current Customer: ☐ YES ☐ NO

Check All That Apply:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Small Tile | <input type="checkbox"/> Link |
| <input type="checkbox"/> Medium Tile | <input type="checkbox"/> Menu |
| <input type="checkbox"/> Large Tile | <input type="checkbox"/> Coupon |
| <input type="checkbox"/> Banner Ad | <input type="checkbox"/> Seasonal Tile |
| <input type="checkbox"/> Skyscraper | <input type="checkbox"/> Sponsor |
| <input type="checkbox"/> Panel Ad | <input type="checkbox"/> Headline Sponsor |

Comments:

Please save a copy of this form for yourself, and email this using the email option on this form. ----->

