

PDF IMAGEWEAR Client Contact Information Sheet

New Client

Existing Client

Company Name:		
Address:		
City:	State:	Zip:
Contact Name:	Phone:	
Title:	Fax:	
Email Address:		
Decision Maker:		_
Date of First Contact:		
Catalog Sent Out: YES NO		
Catalog Sent:	Date Sei	nt:
What Are Their Uniform Needs? (Screen Prin	ting, Embroidery, O	Ordering Uniforms, Etc.)
What Do They Normally Order:		Quantity:
Notes:		