

GRAPHIC DESIGN PROJECT INTAKE FORM

*(Please complete as many fields as possible. Submit form to: p.roz@coloredmarginsdesign.com)

Requester Nam	ne & Title	Phone/Cell	Email			Order Date		
CLIENT INFO								
Primary Contact Name Title			Phone/Ce	Phone/Cell Email				
Secondary Con	tact Name	Title	Phone/Cell			Email		
,								
Company Name Business Address				Main Phone				
Main Business Type Web Address				Social Media Handles			es	
Company Mission & Values								
PROJECT DETAILS (If requested piece is a new design, please be prepared to provide samples to illustrate your ideas.)								
Service Require	Service Required Type of Products Requested (final deliverable)							
Project Description								
Purpose of Piece(s)								
Target Audience / Demographic (age, gender, location, lifestyle, income, etc.)								
Size			Final File Format(s)					
(Choose an item) (Choose an item)								
Elements You're Providing			Is	Is there a budget? If so, how much?				
TIMELINE								
Date Needed:								
Date	Deliverable		Date		Deliverable			
Additional Notes								
How did you had	ar about ma?						_	
How did you hear about me?								