



Colored
Margins
Design

GRAPHIC DESIGN PROJECT INTAKE FORM

*(Please complete as many fields as possible. Submit form to: rozp07@gmail.com)

Requester Name & Title	Phone/Cell	Email	Order Date

CLIENT INFO			
Primary Contact Name	Title	Phone/Cell	Email
Secondary Contact Name	Title	Phone/Cell	Email
Company Name	Business Address		Main Phone
Main Business Type	Web Address		Social Media Handles
Company Mission & Values			

PROJECT DETAILS	
<i>(If requested piece is a new design, please be prepared to provide samples to illustrate your ideas.)</i>	
Service Required	Type of Products Requested (final deliverable)
Project Description	
Purpose of Piece(s)	
Target Audience / Demographic (age, gender, location, lifestyle, income, etc.)	
Size (Choose an item) (Choose an item)	Final File Format(s)
Elements You're Providing	Is there a budget? If so, how much?

TIMELINE			
Date Needed:			
Date	Deliverable	Date	Deliverable

Additional Notes

How did you hear about me?

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