



New Customer Information Form

Please fill out and fax back to (303) 605-6101

Company Name _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

Main Contact: _____ Title: _____

What is the preferred method to reach you?

- Office Phone Cell Phone
- Email Other (please specify _____)

Additional Contact: _____ Title: _____

Email: _____ Phone: _____

Billing address: (If different then above)

What is your expected annual budget for signage and graphics? _____

If over \$10,000, would you like to request a credit line with Qube Visual?

- Yes No

Please check the types of signage ad graphics your company uses:

- Posters POP Displays
- Trade Show Displays Wall Murals
- Custom Signs Banners
- Vehicle Graphics Other (please specify _____)

Are you currently working with a Sales Representative?

- Yes If yes, whom are you working with? _____
- No