



Client Information Sheet

Date: _____

Company Name: _____

Primary Contact: _____

Position: _____

Phone 1: _____

Phone 2: _____

E-mail: _____

Website: _____

Physical Address: _____ Suite # _____

City, State ZIP: _____

Mailing Address: _____ Suite # _____

City, State ZIP: _____

Preferred Method of Contact: phone e-mail text other: _____

Alternate Contact: _____

Position: _____

Phone 1: _____

Phone 2: _____

E-mail: _____

My business is a federally recognized non-profit organization: Yes No

My business is in the following industry: _____

I am a current member of the following organizations:

- Eugene Area Chamber of Commerce Springfield Chamber of Commerce
 Women's Business Network (WBN) Business Networking International (BNI)

I am interested in the following services:

- Marketing Consultation Public Relations
Brand Development Advertising + Media Buying
Web Development Writing + Editing
Social Media Management Printing
Other: _____