

Visual Solutions & Display Client Data Form

Inline Store/Kiosk & Carts

Proposed Project Start Date

Month Day Year

Try to answer as many relevant questions on this sheet and send it back. With the answers to these questions, we should be able to get a good picture of what visual merchandising services you are in need of.

Point of Contact

Your Store Manager or Owner

Contact Person

First Name Last Name

E-mail

Mall and Store Location Information

Specialty Leasing Agent Information

Contact Person

First Name Last Name

E-mail

Mall Name and Location

Type of Space

Corporate Vitals Information

How someone would contact your company

Corporate Information:

Company Name (Legal):

Company Name (Branding):

Company Tag Line:**Company Phone Number:**

Area Code	Phone Number
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Company Fax Number:

Area Code	Phone Number
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Address

Street Address

Street Address Line 2

City	State / Province
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Postal / Zip Code	Country
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Other contact information:

Business hours of operation:

Visual Merchandising Research

Answer as many questions as you can to help us gain a better understanding of your visual merchandising needs.

Have you ever worked with a Visual Merchandiser before

Yes

No

Briefly describe your business:

Do you have a corporate logo? If yes, please upload.

Yes
No



Check the box that best describes your business type.

Services Orientated
Merchandise Sales

Do you have any other locations?

Yes
No

If yes, where are the other locations

Do you have any photographs of the subject location or other existing locations? If yes, please upload.

Yes
No

Adjectives: Please list up to 5 adjectives that you think describe your company in order of relevance / importance

Who are your competitors:

Give a description of specific services your are inquiring about:

Other Contact Information

Billing Contact: _____

**Company contact information for
Contracts & Billing:** _____

Name: _____
First Name _____ Last Name _____

Email: _____

Department: _____

Address
Street Address _____
Street Address Line 2 _____
City _____ State / Province _____
Postal / Zip Code _____ Country _____

Other contact information: _____