

# Signs Questionnaire

## CONTACT INFORMATION

First Name:\*

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Last Name:\*

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Organization / Company:

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Email Address: \*

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Phone Number:

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Fax Number:

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Website:

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## DESIGN DETAILS

1. What is the name of your business that you need a Sign design for?

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2. Is this replacing an existing Sign? (If so, please attach)

3. What would you like on your Sign?

Logo. Please attach.

Text

What would you like your Sign to say?

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What type of font would you like to use?

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Image. Please attach.

4. What color scheme would you like to use?

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5. Do you have any Sign designs that you like the look of? (If so, please attach)

6. Do you have sketches or layouts that you want us to follow? (If so, please attach)

7. When is your final design expected?

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