

DESIGN WORK ORDER FORM

The client agrees to pay BMA for the writing and design of the promotional piece(s) described below. BMA agrees to provide up to three proofs under this agreement (the initial proof followed by up to two rounds of revisions). Clients have 90 days from the date of the original proof to request revisions. After 90 days, revisions are available on a time-fee basis. BMA will make additional proofs and revisions for additional fees. BMA will provide digital format proofs by e-mail or laser-printed proofs by first class mail. Customer understands that proofs in other print processes or formats are not included. This agreement does not cover the printing of the promotional piece designed by BMA. BMA will make print broker services available at an additional fee. Design work is a prepay service.

We will refrain from beginning your design work until we talk to you on the phone about your goals and the strategy for the design piece. After design work has begun, significant changes to original specifications (e.g. changing the size of a brochure, changing the number of folds, or adding a new company logo) may result in additional fees. Please email/mail your logo and any information that would be helpful. Email to Results@BrazzellMarketing.com.

Instructions: Put a mark beside each type of design you would like to have. Write a number for quantity (Qty). This is the number of designs you would like – not the quantity you would like to have printed. For instance, if you are ordering both a home health and a hospice brochure, the Qty would be "2" and the total bill would be \$658.

☐ Brochure: \$389 x Qty		Rack Card: \$199 x Qty	
☐ Post Card: \$199 x Qty		☐ Ad or Banner Stand: \$199 x Qty	
☐ Business Card Design: \$65 x Qty		☐ Business Card Set Up: \$33 x	Qty
☐ Promotional Folder Design: \$199 x Qty		_ □ Promotional Folder Set Up: \$65 x Qty	
Custom Facebook Page: \$199 x Qty		•	
Corporate	Identity Package (letterhead, busine	ess card, fax cover sheet, envelope):	\$169 x Qty
Other:		Price:	Qty
Company Name:		Date:	
Contact Person:		Phone:	
Email Address	s:		
PAYMENT:			
	Total Authorized Charge:		PRESS VISA MasterCard
	Card #:		Exp /
	CV2:		
	Name on Card:		
	Billing Address for Card:		
	Authorized Signature:		
	Fax credit card payments to B/	MA at:	If paying by check, plages

Check:

Make checks payable to: Mail check to:

(276) 236-5070 (Secure Fax for Transactions)

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If paying by check, please mail your completed order form with the check. Order forms received without payment will be disregarded.