



Direct Mail Card Order Form

This worksheet is designed to help us get to an efficient start. Please complete and fax to 803.831.0280. We look forward to doing a great job for you.

Date ____/____/200____

Client Name _____ Associate/Associates _____

Name of Practice _____

Please list address and phone number the way you want to have it listed:

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

Website _____

Which type of dentistry do you want your print ad to be directed towards?

- Implants
- Family
- Cosmetic
- General
- Periodontal
- Ortho
- Pediatrics
- Sedation
- New Location
- Other _____

Will you be using your current logo? Yes No If yes, please send as a JPEG, EPS or Illustrator file.

Are we designing a new logo to be used in the print ad? Yes No

Have you selected a layout you like from the samples provided? If so, which one? _____

Please list the zip codes of your existing patient database and also the zipcodes in the surrounding areas you wish to pull patients in from:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We will pull the mailing list from these zip codes and discuss quantity with you after we receive the numbers and provide a full quote on the mailing list and postage of the card.

- Yes, I'm interested in getting started. Please begin the layout/design of our new direct mail card! (\$1200)
- Please begin Zip Code Analysis (\$250)

Please charge to my M/C Visa Discover AMEX

Credit Card # _____

Expiration Date _____

Signature _____