



concept corporate communications

CCC Inquiry Sheet

<input type="checkbox"/> Return Client	<input type="checkbox"/> Referral _____	<input type="checkbox"/> Y.P.	<input type="checkbox"/> Y.P. Online	<input type="checkbox"/> Advertising
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Contact Details: Date: ___ / ___ / 200___ Time: ___:___ am/pm

Name:

Company:

Phone #: Fax #:

Email:

Type of Job:

<input type="checkbox"/> Video	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> DVD	<input type="checkbox"/> Web	<input type="checkbox"/> Shoot/Crew	<input type="checkbox"/> Dubs
<input type="checkbox"/> Promotion/Marketing	<input type="checkbox"/> Training/Education	<input type="checkbox"/> Other			

Job Details:

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Required:

<input type="checkbox"/> Quote	<input type="checkbox"/> Letter	<input type="checkbox"/> Info Pack	<input type="checkbox"/> Brochure	<input type="checkbox"/> Process Sheet	<input type="checkbox"/> Demo CD
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Time Frame:

<input type="checkbox"/> 1 week	<input type="checkbox"/> 2-3 weeks	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 or more months	<input type="checkbox"/> 6 or more months
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Complete Date: ___ / ___ / 200___

Basic Quote: \$