



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). BMA will make additional proofs and revisions for additional fees starting at, but not limited to, \$36. 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 available. 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. Please email/mail your logo and any information that would be helpful (e.g. your old brochure). Email to Results@BrazzellMarketing.com or upload your materials on the Contact Us page of www.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 \$664.

- Brochure: \$379 x Qty _____
- Post Card: \$169 x Qty _____
- Business Card Design: \$41 x Qty _____
- Promotional Folder Design: \$169 x Qty _____
- Logo: \$334 x Qty _____
- Corporate Identity Package (letterhead, business card, fax cover sheet, envelope): \$169 x Qty _____
- Rack Card: \$169 x Qty _____
- Ad: \$169 x Qty _____
- Business Card Set Up: \$21 x Qty _____
- Promotional Folder Set Up: \$41 x Qty _____
- Holiday or Thank You Card: \$169 x Qty _____

Company Name: _____ Date: _____
 Contact Person: _____ Phone: _____
 Email Address: _____
 Client's Authorized Signature: _____

PAYMENT:



Credit Card: Total Authorized Charge: _____
 Card #: _____ - _____ - _____ - _____ Exp. ____ / ____
 CV2 (three digit code from back of card): _____
 Name on Card: _____
 Billing Address for Card: _____

 Authorized Signature: _____
 Fax credit card payments to: BMA at (276) 236-5070

Check: Make checks payable to: Brazzell Marketing Agency
 Mail check to: Brazzell Marketing Agency
 621 Nuckolls Curve Rd
 Galax, VA 24333