



BROOKS BROTHERS INSTALLATIONS

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The Sign Installers New Client Form

All information contained herein is for our office use *only* and will *not* be shared, traded or sold.

WELCOME! THIS IS NOT A CONTRACT! IF YOU ARE UNHAPPY WITH ANY PART OF OUR SERVICE, PLEASE DON'T HESITATE TO LET US KNOW, HOWEVER WE RESPECT YOUR RIGHT TO GO ELSEWHERE!

Agent's Name: _____

Company Name / Brokerage Address: _____

Billing address (If different from above): **ATTN:** _____

City: _____ Postal Code: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

Would you like your invoices sent via e-mail, fax or post mail? _____

Bill direct or through office? _____

Payment by Visa & MasterCard:

Credit Card # _____ Expiry date (MM/YY) ____/____

Name as it appears on credit card: _____

All billing will be automatic; statements will continue to be sent on a bi-monthly basis as "paid".

How did you hear about our company? _____

Signature: _____

"Thank you for your business, and please don't keep our company a secret!"