



CLIENT INFORMATION FORM

Who will we be working with?

Contact name:

Position:

Tel No:

Email:

Please kindly send us the following:

- Logo
.....
(Pantone Colours – If you have them, otherwise we will do our upmost to match to the best of our ability)
- Website details
.....
- Telephone number
.....
- Email Address
.....
- Would you like the labels to be on Clear Vinyl or White Vinyl?
.....
- Any further requests that you would like us to know about:
.....
.....

Which Products do you require:

Please advise number of boxes require next to the tick box.

- Conditioning Shampoo
- Shampoo
- Conditioner
- Body Wash
- Shower Gel
- Head To Toe
- Hand & Body Wash
- Hand Wash
- Hand & Body Lotion
- Body Lotion
- Hand Lotion
- Foam Bath
- Room & Linen Spray