



DigiSignature | Digi-Client Summary

Your Full Name, Title: _____ Today's Date _____ Digi-Tracking# _____

Company: _____ Phone: _____ Fax: _____

E-mail: _____ Website: _____

1) What industry is your business in? (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Financial Services | <input type="checkbox"/> News and Media |
| <input type="checkbox"/> Aerospace and Defense | <input type="checkbox"/> Construction & Maintenance | <input type="checkbox"/> Food and Related Products | <input type="checkbox"/> Publishing and Printing |
| <input type="checkbox"/> Agriculture and Forestry | <input type="checkbox"/> Consumer Goods and Services | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Arts and Entertainment | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Software |
| <input type="checkbox"/> Associations | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Industrial Goods and Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Athletics & Sports | <input type="checkbox"/> Electronics and Electrical | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Employment | <input type="checkbox"/> International Business and Trade | <input type="checkbox"/> Textiles and Nonwovens |
| <input type="checkbox"/> Biotechnology & Pharmaceuticals | <input type="checkbox"/> Energy and Environment | <input type="checkbox"/> Legal Profession | <input type="checkbox"/> Transportation and Logistics |
| <input type="checkbox"/> Business and Society | <input type="checkbox"/> Engineering & Design | <input type="checkbox"/> Management | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Fashion & Beauty | <input type="checkbox"/> Marketing and Advertising | <input type="checkbox"/> Other: _____ |

2) What is purpose of this/these DigiSignature(s)? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Corporate E-mail Branding - General | <input type="checkbox"/> Holiday | <input type="checkbox"/> Focus Group Testing |
| <input type="checkbox"/> Customer Service - General | <input type="checkbox"/> Corporate Event (seminar, etc.) | <input type="checkbox"/> Share Information |
| <input type="checkbox"/> Sales Department - General | <input type="checkbox"/> Test Marketing Product/Service | <input type="checkbox"/> Launch of New Service |
| <input type="checkbox"/> Top Management (special) | <input type="checkbox"/> Test Slogan or Promotional Offer | <input type="checkbox"/> Launch of New Product |
| <input type="checkbox"/> Product Promotion (niche) | <input type="checkbox"/> Web Site Promotion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Service Promotion (niche) | <input type="checkbox"/> Tied in with Timed Promotion | <input type="checkbox"/> Other _____ |

3) What other types of on and offline advertising do you engage in? _____

4) What item(s) would you like linked to your DigiSignature:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Splash-Site: General Landing Page | <input type="checkbox"/> Website: Specific Section (database) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Splash-Site: Promotional Landing Page | <input type="checkbox"/> Website: Contact Page (form) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Website: Corporate Home Page | <input type="checkbox"/> Website: Custom Application | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Website: Specific Section (static) | <input type="checkbox"/> Online Media: Flash, Movies, etc. | <input type="checkbox"/> Other _____ |

5) Please provide detail on anything mentioned above that may be relevant to creating your DigiSignature:

(Note: List links, tell us about what graphical assets are available to use, etc.)

Date Needed (if any): _____



Yes, I have _____ additional pages.