

Client Service Request Form



Date Requested: _____ **Deadline Date:** _____

Sales Person: _____ **Designer:** _____

Sales Person E-mail: _____ **Designer E-mail:** _____

Project Number: _____

Client Name: _____

Client Address: _____

Client Contact / Phone Number: _____

Indicate Services Requested (Please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>Field Measuring Services</i> | <input type="checkbox"/> <i>3D Design / Rendering</i> | <input type="checkbox"/> <i>Space Planning</i> |
| <input type="checkbox"/> <i>Convert Drawings to CAD</i> | <input type="checkbox"/> <i>Convert Logo to CAD</i> | <input type="checkbox"/> <i>Graphic Design</i> |
| <input type="checkbox"/> <i>As-built CAD Drafting</i> | <input type="checkbox"/> <i>Create Titleblock</i> | <input type="checkbox"/> <i>Change Order / Addendum</i> |
| <input type="checkbox"/> <i>Construction Drawings</i> | <input type="checkbox"/> <i>General CAD Drafting</i> | <input type="checkbox"/> <i>Other – Explain Below</i> |

Comments / Special Request:

Please note True Design Services, Inc. will proceed with services upon receipt of this document as well as a signed copy of approved project proposal (if applicable). Please call with additional questions and/or concerns (248) 414-9577.

Upon review and completion please fax this form to True Design Services, Inc. (248) 414-5288. Thank You!