

PROJECT IDENTIFICATION	
MD Sales Representative	Date
Client	
Contact Person at Client	
Client Project Name	
Client Project Number	
End User	
Additional Notes or Comments	
PROJECT DESCRIPTION Check all that apply	
<input type="checkbox"/> Custom Colour	<input type="checkbox"/> Open Line Development
<input type="checkbox"/> Custom Pattern*	<input type="checkbox"/> Custom Project
<input type="checkbox"/> Repeat Pattern	
<input type="checkbox"/> Mural	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Wallcovering	<input type="checkbox"/> Corporate
<input type="checkbox"/> Upholstery	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Other (Please specify below)	<input type="checkbox"/> Residential
<input type="checkbox"/> Customer Provided Artwork**	
Additional Notes or Comments	
Yardage / Size Requirements	
Deadline for Sampling	
Mock up Required (describe)?	
Deadline for Production	
Pattern and Colour References (please attach here and describe)	

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\*\*The client maintains copyright to their Artwork but Mushaboom Design retains the rights to all it's working files.