

## Collectors Series Portrait Information

Name: \_\_\_\_\_ Initial Contact: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Consult Appt: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Portrait Appt: \_\_\_\_\_

Address: \_\_\_\_\_

Type Portrait Session		
<input type="checkbox"/> Family (# _____)	<input type="checkbox"/> Child(ren) ages _____	<input type="checkbox"/> Mother/Cld _____
<input type="checkbox"/> Personal	<input type="checkbox"/> Senior (School: _____)	<input type="checkbox"/> Other: _____
(Parent's Name: _____)		

Location of Portraits		
<input type="checkbox"/> In Studio	<input type="checkbox"/> On Location	<input type="checkbox"/> In Home

How did they hear about Artistic Images?	
Referral by _____	Mail Out _____
Display at _____	Advertisement _____
Repeat Customer _____	Other _____

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail PR Packet:  Yes (Date Mailed)  No

<b>Reservation Guarantee:</b> Type Credit Card _____
Credit Card # _____ Exp Dt _____
Name on Credit Card: _____

## Parents.....Please fill out below

<u>Name of Child</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

### Combinations Interested in

(circle all that apply)

Family      Children together      Children Individually  
 (Cabin Fever & Family Holidays only)

Color Only      Black & White Only      Color/B&W  
 (may be add'l charge)

### Type of Portraits Interested in

(Circle all that apply)

Soft/Interactive      Looking at camera

Watercolor      Heirloom      Rembrandt Masterpiece  
 Portrait Album      Gift Portraits      Christmas Cards

### Special Requests

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only		
B&W	Extra Combos	Special