

# LAYOUT REQUEST FORM

Fax this completed form with your menu to **775-882-5210**. Your first layout will be free and there is no obligation to purchase. You will receive your layout in 3-5 business days. If you need any assistance filling out this form or have any questions once submitted, please contact our **Customer Satisfaction Department at 1-800-321-8105**.

## Customer Information

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### What type of products are you interested in?

Indoor     Outdoor     Both     Graphics

Is this a new purchase or for an existing system? \_\_\_\_\_ width X \_\_\_\_\_ height

New System     Replacement Parts

### Have you seen an example of a menu board you would like your system to resemble?

Please be specific (page of catalog, name of restaurant, etc.) if possible supply pictures: \_\_\_\_\_

What type of system are you considering?  Magnetic     Illuminated     Non-illuminated

or list a specific product line from Impact's catalog or website: \_\_\_\_\_

Overall space available for menu system (indoor only): \_\_\_\_\_ width X \_\_\_\_\_ height

Hanging Method (indoor only):  Wall-Mount     Ceiling Hung     Both

Will you need changeable pricing columns? if Yes, Check all that apply  Single     Double     Triple

Describe your décor or color preferences: \_\_\_\_\_

What is your estimated installation date? \_\_\_\_\_

What is your estimated budget range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

How did you hear about us?  Internet Search     Referral from: \_\_\_\_\_

Trade Show - Date & Location: \_\_\_\_\_  Other: \_\_\_\_\_

Is this property part of a chain or a franchise? \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

**THANK YOU for this OPPORTUNITY!**

