

HOAG & SONS', INC.

127 RAILROAD STREET • PO BOX 162 • SPRINGPORT, MI 49284-0162 • (517)349-0322 • (517)349-0566 Fax
New Customer Information Sheet

Name of Publication _____

Ship _____
To: _____

Bill _____
To: _____

Check if you would like **invoices**: Faxed ___ or Emailed ___. Check if you want to bank wire payments ___

Service(s) Requested (check all that apply): ___ Binding ___ Microfilming ___ Digital Scanning

About Your Newsfiles

Newsfile Size

___ Broadsheet (metro) ___ Tabloid

Frequency of Publication (circle)

Daily Weekly Semi-Weekly Tri-weekly Monthly Other ___

Dates or holiday where papers are not published _____

Method of Shipping Files To Hoag

___ Customer will place Hoag on their mailing list as a subscriber, EFFECTIVE _____

___ Customer will hold all files for bulk shipping to Hoag, based on a predetermined time frame

Production Requirements

| Binding | Microfilming | Digital Scanning |
|---|---|---------------------------------|
| Number of bound copies per binding period _____ | Number of duplicates _____ | Output format (circle) |
| Newsfiles are to bound by Calendar Date ___ or Volume numbers ___ | Duplicate Type (circle) positive negative | JPG PDF TIF |

Circle items to be included in the Binding, Scanning or Microfilming:

Advertising Inserts Supplements Special Sections Other _____

Contact Information

Cust. Contact For Production Issues: _____ Phone _____

Cust. Contact For Admin. Questions: _____ Phone _____

Fax _____ Email _____

Authorized Signature: _____ Title: _____