

Ink Works
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Standard Account Form

Company Information:

Company Name _____

Company Phone Number _____

Company Fax Number _____

Main Contact _____

Alternate Contact _____

Main Number _____

Alternate Number _____

Main Email _____

Alternate Email _____

Company Address _____

City, State, Zip _____

Mailing Information:

Same as company address? ☐ Yes ☐ No

Mailing Address _____

City, State, Zip _____

Additional Information:

Do you wish to be added to our newsletter? ☐ Yes ☐ No

Email Address _____

May Ink Works use samples of printed material for marketing and demonstration purposes? ☐ Yes ☐ No

By signing you are accepting that the above statements are true to the best of your knowledge:

Signature

Printed Name

Date