



Promo Form

Product: _____ Date: _____ Time: _____

Account Name: _____ Contact: _____

Address: _____

Confirmed/Date: Special Instructions: _____

Account Product Information:

Location:

Back Bar- Yes _____ No _____ Well- Yes _____ No _____

Pricing:

Drink Type(s): _____

Regular Price(s): _____

Special Price(s): _____

Bottle Count: Size: _____ Start: _____ Finish: _____ HOW FULL? Start: _____ Finish: _____

Promotion Information:

P.O.S. (point of sale) Advertising? Yes _____ No _____

Complimentary samples given? Yes _____ No _____

Drinks Sold? Yes _____ No _____

Staffed Dressed? Yes _____ No _____

Age range of clients? (estimate) 21-25 _____ 26-30 _____ 31-35 _____ over 35 _____

Supplier/Distributor representative present? Yes _____ No _____ If yes, Who? _____

Other (explain): _____

Comments: (summation of promotions, i.e. Frequent comments, customer preferences and suggestions)

Customer response: _____

Your response: _____

Confirmation:

Promotion Specialist: Print Name: _____ Signature: _____

Account Rep: Print Name: _____ Signature: _____

****ATTENTION: Forms MUST be submitted to the office WITHIN 3 BUSINESS DAYS of Demo or payment of demo is FORFEITED.****

****INCOMPLETE FORMS WILL NOT BE PROCESSED & PAID UNTIL CORRECTED.****

You may Scan & Email forms to Forms@Signature-Concepts.com or FAX completed forms to:

Signature Concepts
P.O. Box 48633 • Tampa, Florida 33646
Phone: 813.287.1380 • FAX: 813.349.2024

