



DigitalResource Corporation

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3D RENDERING ORDER FORM

ADMINISTRATIVE INFORMATION

1	Full Name _____	Business Name _____
	Address _____	Email * _____
	City/Town _____	Phone _____
	Country _____ Zip _____	Fax _____

PROJECT INFORMATION

2 Project Name: _____
 Project Manager: _____
 Project Location: _____
 Project Type: Office Retail Shop School
 Hospital Super Market Library
 Restaurant Others: _____
 What stage is your project in? (D&D, CD, etc): _____
 Will you be able to provide us the digital files of elevations and floor plans and the material to used or used? YES NO
 Total Area of the project: _____ per sq.m.
 How much time do we have to complete the project? _____
 Additional Info about the project: _____

3 Where did you hear about us? Internet Broadcast
 Referral Print
 Sales Representative Others _____

PAYMENT INFORMATION

4 Please check your preferred form of payment.
 Cash
 Check
 Bank deposit or Wire transfer (please call 433-5614 for bank details)

AGREEMENT

5 I confirm that the above information is true and correct.

Signature above printed name

Date

Please fax this form to 433-5619. We will process your account once payment has been received. To expedite your order, fax us your check or deposit slip and your account will be activated within 24 hours.