



1. Client/Company Name: _____

2. Contact Information

a. Who is the contact person responsible for overseeing your participation in the logo/corporate brand development? List name and contact information for this person.

Name: _____

Email: _____

Phone: _____

b. Is the person who has final approval on the project the same as 'a' above? Yes No
If no, please provide name and contact information for this person. (If this is a Board of Directors, please provide list of names on a separate sheet.)

Name: _____

Email: _____

Phone: _____

4. Company Information

**Note: If you require more space than what is provided, please use additional paper and indicate which section and question you are expanding on (e.g. "4.a")*

a. What is your business?

b. How old is your company?

c. What is the size of your company?

d. Describe your business in one sentence:

e. Describe your business in two words: _____ , _____

f. Describe your business in one word: _____

g. What is your Company's Objective or Mission Statement?

h. How did you start the company?

i. Is there a story that is unique to your company?

j. If your company/brand was a person, who would it be? _____

k. If your company/brand was an object, what would it be? _____

l. If your company/brand was an animal, what would it be? _____

m. Is there an important object, building or person for your company? _____
Explain why:

n. What do you wear to work?

5. Current Identity

- a. Do you have an existing logo? No Yes
(If yes, please attach sample or send one by email to: vanessa.ali@telus.net)
- b. How would you describe your existing identity?
- c. What do you like about it?
- d. What do you not like about it?
- e. Do any aspects of your existing brand have to be incorporated into the new design? No Yes
If "yes", please list:

6. The Market

- a. How does the market see your company today?
- b. What aspect of your image needs improvement?
- c. How do you want your image to be seen in two years?

d. Who are your competitors?

e. How are they better/worse than your product/service?

6. The Target

a. Who is your customer or target audience? Keep in mind some of the following variables that may apply to your customer: age, gender, income, geographic location, political affiliation, education level, ethnicity, primary language, religion, etc.

b. If your customer was a cartoon character, who would it be? _____

7. Creative Direction

a. Provide any direction that will get your logo/brand design started, such as preferred colour scheme, fonts, theme, other designs you like, etc. Please provide samples or links to references on the web that you find inspiring.

b. Choose three to five adjectives you would like the style of your logo to express;

- | | | | | |
|---------------------------------------|--|---------------------------------------|---|---|
| <input type="checkbox"/> Professional | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Conservative | <input type="checkbox"/> Fun | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Casual | <input type="checkbox"/> Progressive | <input type="checkbox"/> Serious | <input type="checkbox"/> Classy |
| <input type="checkbox"/> Easy | <input type="checkbox"/> Experts | <input type="checkbox"/> Humorous | <input type="checkbox"/> Service-oriented | <input type="checkbox"/> Other (please list): |

c. Do you have a preferred color scheme for your identity? No Yes...please select all that apply.
* **Note:** If you have specific CMYK, RGB or hexadecimal value colour numbers, please list them below.

- | | | | | | | | | | |
|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|
| <input type="checkbox"/> | Blues | <input type="checkbox"/> | Greens | <input type="checkbox"/> | Yellows | <input type="checkbox"/> | Oranges | | |
| <input type="checkbox"/> | Reds | <input type="checkbox"/> | Purples | <input type="checkbox"/> | Black & White | <input type="checkbox"/> | Autumn hues | <input type="checkbox"/> | Winter tones |
| <input type="checkbox"/> | Spring colors | <input type="checkbox"/> | Summer colors | <input type="checkbox"/> | Bold | <input type="checkbox"/> | Metallic | <input type="checkbox"/> | Neon |
| <input type="checkbox"/> | Muted | <input type="checkbox"/> | Pastel | <input type="checkbox"/> | Earthy | <input type="checkbox"/> | Ocean | <input type="checkbox"/> | Other : |

Thank you for taking the time to answer this questionnaire, and please let us know if you have other comments, questions or instructions.

Please remit to:

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