



TESTIMONIAL AND GRAPHIC CONSENT FORM

I, an authorized representative of,
Customer Name Customer Company
grant Thomas Printworks permission to use my name, the customer company name, text, testimonial, printed piece and/or
visual images of
Project Name/Description
which I will have the opportunity to review and approve, for Thomas Printworks marketing materials usage.

Signature:	Phone:
Company:	Date:

**Please mail to Thomas Printworks, 600 N. Central Expressway, Richardson, TX 75080
or fax to 972-238-8801, attention Marketing Department.**