

CREATIVE REQUEST FORM

Please input your creative request below. All relevant fields must be answered in order to move a project forward.

All requests must be approved by Department Leads prior to submission.



HEALTH·ADE KOMBUCHA

Once complete, please email as an attachment to CREATIVEREQUESTS@HEALTH-ADE.COM

Requested By: _____

Approved By: _____

Department: _____

Your Email: _____

Your Phone: _____

PROJECT NAME

IN HAND: DUE DATE

PRIORITY

- High
- Medium
- Low

TO BE PRINTED

- Yes
- No

INTENDED USE

- Social Media
- Web
- Email
- POS
- Print Ad
- Other _____

FILE TYPE TO DELIVER

- JPG
- PDF
- PNG
- AI
- PSD
- TIF

DIMENSIONS

What are the dimensions of final artwork?

LINKS TO FILES

Please include all relevant links to assets

PROJECT SUMMARY

Who, What, Where, Why. If copy cannot fit, please attach separate document when submitting.

SPECIFIC PRODUCT TO FEATURE?

PLEASE PROVIDE COPY

Is there copy to be included? Provide copy exactly as you would like to appear. If all relevant copy cannot fit, please attach as a separate document when submitting creative request email.

ANYTHING ELSE ?