



MAD Typing and Consulting Intake Form

Company Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website Address (if applicable): _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact E-mail: _____

How did you learn about/find MAD Typing and Consulting? _____

Services Needed

Please describe the services you need. Please be as specific as possible, including how many hours you will need each week/month or if this is a one-time project.

Please provide any additional information that you feel would help us work more efficiently together

Please complete and e-mail to melanie@madtyping.com or fax to (608) 338-0506.