



New Client Inquiry Form

Please fill out this questionnaire. The information provided will help us asses your needs and provide you with the best options for your event.

Client Information

Name: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Email Address: _____

Event Information

Date/Time of Event: _____

Location: _____

Type of Event: _____

Estimated Number of Guests _____

Show/Display Information

What is your estimated budget? _____

How long would you like the show to last? _____

Are there certain colors/effects you would like to see? _____

Are you interested in adding music/media, lasers, or lights to your show? _____

Once you have completed this form, please send it back via:

Fax: (843) 884-0906

Email: jott@wildbillsfireworks.com

Mail: PO BOX 30042 Charleston, SC 29417

One of our sales experts will be contacting you shortly. If you have any questions, please don't hesitate to call us Toll Free at: 866-507-3877.