

YOUR COMPANY AND PHONE NUMBERS GO HERE.

Web Site Questionnaire

Company Name:

Contact Person:

Phone:

Fax:

Address:

City:

State:

Zip:

Email:

Web Site:

Job #:

Sales Rep:

Designer:

Project Title:

Today's Date:

Proof Date:

Due Date:

PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)

PURPOSE OF WEB SITE:

AUDIENCE:

TYPE OF WEB SITE:

PAGE LINKS AND PAGE CONTENT: (ATTACH PAGES AS NEEDED)

☐ Sound ☐ Video ☐ Flash ☐ Director☐ Site Map ☐ Message Board ☐ PDF File☐ Template ☐ Custom Design ☐ Frames☐ Database ☐ Forms ☐ ecomm

Number of pages:

How many photos:

CGI Scripting:

Client Provides Copy ☐ Yes ☐ No

TECHNICAL SUPPORT: (HOSTING, FTP, DOMAIN AND KEYWORD INFORMATION)

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT AS IT IS APPLIES TO THIS PROJECT DESCRIBED IN THIS DOCUMENT (TERMS ATTACHED)

CLIENT NAME: _____ APPROVAL SIGNATURE: _____ DATE: _____ DESIGNER APPROVAL: _____