YOUR COMPANY ADDRESS AND PHONE NUMBERS GO HERE

Web Site Questionnaire

Company Name:	
Contact Person:	Job #:
Phone: Fax:	Sales Rep: Designer:
Address:	Project Title:
City: State: Zip:	Today's Date:
Email: Web Site:	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: _____