



WEBSITE ORDER FORM

CONTACT INFORMATION:

Business Name: _____

Contact Name: _____

Street address: _____

Home Phone: _____ Alternate Phone: _____

Email address: _____

What is the best number to reach you during business hours: _____

DESIGN WISHES:

Number of pages (i.e. Home Page, Contact Page, etc.): _____

Please check pages desired:

- | | | |
|--------------------------------------|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Home Page | <input type="checkbox"/> About Us or History | <input type="checkbox"/> Products |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Contact Us | <input type="checkbox"/> Links |
| <input type="checkbox"/> FAQ | <input type="checkbox"/> Testimonials | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
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OPTIONAL ELEMENTS:

Scrolling or moving text: _____

Flashing words _____

Date desired to have website completed: _____